Abstract
OF THE
HUNTERIAN ORATION.

Delivered at the Royal College of Surgeons, Feb. 14th, 1879,

BY PROFESSOR HUMPHRY, F.R.S.

AFTER a light but brilliant sketch of the life, character, and work of Hunter, Professor Humphry proceeded:—

From the manner in which he speaks of the properties of matter, of the formation of the world, of the production and distinction of vegetables and animals, which he regards as only a new modification or species of matter, of the immutability of an absolute existence, &c., it requires no great stretch of imagination to think that his mind was feeling its way towards those doctrines of evolution, correlation of force, and indestructibility of matter and force, which have occupied so large a share of scientific attention in recent times, and which seem to forbid, even in idea, the separation of matter from force or spirit, the finite from the infinite, the changing or temporal from the unchanging or eternal, the created from the creating. Not that I would in the least disparage those who, since his time, have done such good work in this field, or would be ranged among the *laudatores temporis acti* who find nothing new under the sun, who, gloating in their knowledge of the past, love to contrast the present unfavourably with it, and who, in the generalisations and speculative philosophies of former times, see foreshadowed the discoveries of our own. We, like our predecessors, dream of things that may be, and perhaps will be; and if all the dreams of the present were recorded, such multitudinous combinations of thoughts would surely be found to anticipate some of the views and discoveries of posterity. But such dreams, though they are based upon real thoughts and real knowledge, and are the produce of mental play upon them, are too vapourish and unsubstantial to fix themselves even upon ourselves, or to give a real impetus to anything. No one will class Hunter among the dreamers—he was far from that; but he thought much, and apparently was in the habit of writing down his thoughts as they occurred. Some of these thoughts seem to point in directions which he probably did not contemplate. And as the students of Turner's pictures may discover many things which that great artist never intended to pourtray, so the reader of Hunter may fancy that he sees many things which that great thinker never imagined, or never imagined with the definiteness which would constitute a real idea.

But it may be said, What good have physiology and reflections upon such abstruse subjects as the phenomena, nature and causes of life, done to surgery? In what way, if at all, are the improvements which have taken place in the knowledge and treatment of disease attributable to the connexion between physiology and surgery which Hunter established? The direct dependence of the one upon the other may not, it is true, be always easy to show, for those agencies which have the greatest potency are not unfrequently the least apparent. There can, however, be little doubt in any thoughtful mind that the influence of physiological views, with their associated mental culture, on the progress of surgery during the last century, has been incalculably great, and has done more than anything, not only to pave the way for, but to engender, truer conceptions of disease, and better modes of treatment, and has so contributed vastly to elevate the tone and status of the profession, and to promote the welfare of mankind. Though we may not be able to trace the several improvements directly to the suggestions of physiology, we may be certain that many of them would not have taken place without it. Even in the case of anæsthetics, which apparently owed their employment exclusively to experimental evidence, we may fairly doubt whether they would not have been anathematised, as tending to curtail the penances which man had deserved, if their introduction had not been supported and justified by those better views of man's nature which are associated with a sounder knowledge of his physiology. It is all very well to talk of the practical character of surgery, but those who are best acquainted with its past history and present position will be most ready to acknowledge that there is no department of human work which has been so dominated by theory, as it ever has been, and still is, and that the most barbarous and baneful practices of bygone times have been justified by, if they did not originate in, the most absurd yet tightly clung-to views respecting morbid humours, cleansing processes, &c. How terrible were the inflictions which those theories wrought in the treatment of wounds, and what a satire was it upon the supposed practical and observant qualities of the surgeons of those days, that these monstrous theories and their disastrous results could be uprooted only by the substitution of the still more absurd, but less pernicious, theory of the "sympathetic cure," which transferred to the sinning weapon the noxious drugs which had previously been destined to torment the wound; and, in these last times, the acceptance of an antiseptic treatment is due, in no small degree, to the belief in a septic theory. The so-called most practical men, those who especially pride themselves upon this quality, are not unfrequently the veriest dupes to theory. They are the worst observers because they are the most prejudiced, and they most doggedly resist any innovations of treatment which are repugnant to what they conceive to be right, and to the views they have held with a determination proportionate to their groundlessness. Indeed it would seem to be a feature of human nature that the more erroneous a view, and the less of reason it can claim, the more tenaciously it is held. Certainly, that which has least of reason in it is most impregnable to the assaults of reason.

If, then, the practice of surgery has such close relation to theory, and is so dependent upon it, how important is it that the theory should be based upon sound principles, and be cultivated by the ablest minds. This most practical of sciences is no exception to the law which rules all science—the law that thought is the polar star of work, and that without its guidance and help no real progress will be made.

This Hunter saw, with this view he laboured, and we must continue in the same direction. He recognised that pathology is the keystone of surgery, resting upon a wide-reaching study of physiology on one side, and careful clinical observation on the other. To the physiological side of the arch his own attention was chiefly directed. At least, it is to his labours in this field that his influence was mainly due. To the still germinating and fructifying produce of his perceptions of the relation between pathology and physiology we owe a clearer estimation of the important generalisation, which must form the foundation of all rational treatment, that morbid processes and morbid structures are only modifications of, and deviations from, the processes and structures of health—that, in his own words, they result from "perversion of the natural actions of the animal economy," and that to understand either thoroughly we must study it in relation to the other, and watch closely the transition of one into the other. It is on the steady prosecution of research in this direction that our hopes for further advance in the theory, with associated better and more scientific treatment, of disease must chiefly rest; and the feeling that a ravaging cancer is but the produce of some modification of natural and benign processes, gives a craving for a clearer apprehension of those processes, and of the essence and stages of this terrible, though it may be slight, modification of them, and throws a glimmer of hope over the prospect of dealing with this, at present, most hopeless and dire, and, I fear, growing, scourge of civilised humanity.

To those whose duty it is, and it is the most trying part of their duty, to witness the protracted sufferings and the mortality caused by this and other allied diseases, and who long for the time when science will bring some alleviation or remedy on its wings, it is no small discouragement to be met by an appeal to humanity against them in their pursuit of that method of experimental investigation which was resorted to by Hunter and Harvey, and all, or nearly all, those to whom the world has been most indebted for accessions of knowledge in this direction, and which is the only method by means of which much further advance can be made. The old and unceasing battle between reason and feeling is being, unfortunately, waged upon this ground. We may be sure that victory will ultimately be, as it has under similar circumstances always been, that the warm impulses which easily run into prejudice, and which are as usual famed by readily credited exaggeration and mis-

representation, will ere long wane before the steady pressure of greater enlightenment and cool reflection.

We watch the phases of public sentiment on this question with no small anxiety, knowing full well that, while advancing civilisation brings, with one hand, through the massing of people together, and the various modifications of their habits, a growing wave of disease, she offers, with the other hand, through increasing knowledge and improving methods of investigation, a no less sure means of staying and backening that wave. I say of backening the wave, because experience shows that the remedy, well used, may be more potent than the evil, and may produce an actual improvement in sanitary conditions, and a proportionate prolongation of life. But we feel that, unless we are free to use the remedy which civilisation offers, we must suffer the evil she inflicts, the evil of physical, and, as the necessary associate with it, the evil of moral and social degradation. The question becomes more urgent as the more rapid strides of civilisation enjoin us to avail ourselves of every aid which she affords. That experimentation on the lower animals, thoughtfully designed and carefully conducted, is one of the most important of these, is really essential to any thorough investigation of healthy and morbid processes, and to the greater assurance of the scientific basis of medicine and surgery, no one who is cognisant of these subjects can doubt; and we may trust that the rolling wheel of time will ere long give to the sympathies of those who now oppose it a higher and a better turn.

While thus dilating on the importance of physiology, and the thoughts associated with it, to the practical work of surgery, I must not omit to observe that the converse is no less true. The lessons which may be derived from the observation and treatment of disease are of the highest value, as Hunter found, to physiology. The sciences are mutually illustrative and corrective, and it is sincerely to be hoped that the light which they are capable of throwing upon one another will not be lessened by the tendency to separation of physiology from anatomy and surgery which the growth, especially of the first, seems to necessitate, but which we cannot but watch with some jealousy and apprehension.

It is, then, by the good adjustment and reciprocating influences of the practical and scientific, or of work and thought, that surgery is to be advanced. This combination, and this alone, gives knowledge. I have already said that the enjoyment of the knowledge resulting from this combination, and of the mental efforts associated with it, must have been the stimulus to the persevering efforts of Hunter, and, so, the cause of the results which he obtained. We are all made of the same metal, though, in us, it may be less good and have a less clear ring than it had in him. The love of knowledge is deeply embedded in, and is a strong motive power with, us all. However richly our garden may be planted with other trees, the fruit of the tree of knowledge has the greatest attraction for us. Call it curiosity, or what you will, this love of knowledge is an inherent and active principle at all ages and in all races. It is the very corner-stone of the temple of science. One of the great efforts of education should be to strengthen, to utilise, and to build upon it; and the pressing question respecting education, at the present time, is whether it does so. If it does not, if the love of knowledge is choked rather than nurtured, if the student ceases to take pleasure in mental effort, and has less and less desire for information, as time goes on, then has education failed in one of its chief purposes. The student may be brought to the fountain; he may be made to drink; but if the draught have lost its sparkle and refreshing quality, he will start back from it as soon as he can.

Is there not reason to think that this is too much the case at the present time, not only in medical, but in general teaching? Does not the student, as a rule, fly from, rather than cling to, his work? Is not this a somewhat marked feature in our own country? If it is so, what is the cause and where is the fault? They are not in the nature of the pupil, for that, as I have just said, has an affinity, a desire, for knowledge; and they cannot be in the subject taught, for no subject is devoid of pleasure-giving quality. Must we not, then, look to the method of teaching? Wherein, in the main, do we most perceive the difference between the good teacher and the bad? Is it not that the pupils of the one are inclined to, and take interest in, and are happy in, their work, and therefore make progress in it, whereas those of the other do not? Both teachers may fail to recognise the cause of this difference in their pupils. But the pupils have no difficulty in tracing it to the teachers. They find that the one imparts brightness and warmth, that the other brings dulness and coldness. From the one they obtain knowledge and derive stimulus to the pleasure of mental effort; from the other they fail to acquire these. The one, Hunter-like, associates facts with thoughts, connects the body with the spirit, and so makes it animate and buoyant; the other gives facts without thoughts, presents the body without the spirit, lifeless, heavy, depressing—an *indigesta moles*. The one brings the facts into relation with each other and binds them together by laws and principles, and so fastens them in the memory; the other leaves them isolated, scattered, evanescent. The one makes his pupils reasoning agents, and gives them a taste of the pride and pleasure of being such; the other leaves them mere machines, without fire and without impetus.

What were the views of Hunter upon this matter? He states in his "Principles of Surgery" that his object was to "fit his pupils to act as occasion may require from comparing and reasoning on known principles. Too much attention," he goes on to say, "cannot be paid to facts; yet too many facts crowd the mind without advantage, any further than they lead to establish principles." These words give the very marrow of sound teaching, and should be graven wide and deep in the walls of every school and in the heart of every teacher. They show that this master of observing and thinking was no less a master of the scarcely inferior province, the province of teaching.

They have, alas, been too little heeded. They were caught up, it is true, by one who used the strong mental power with which nature had endowed him to propel his class along the lines of observation and reflection which Hunter laid down, who strove to connect facts with principles, and to fit his pupils to act as occasion might require, and who was, in my humble opinion, for this reason chiefly, the greatest teacher of surgery which this metropolis or Europe has produced since the days of Hunter. His example has been followed by some of his successors, but scarcely with the like power and persistence, or the like conviction of its value. Why should there have been a decadence in this respect? Why should not the philosophic character of teaching which Hunter inaugurated, and which Lawrence continued, and which, as we have seen, would produce the best practical results, have been more anxiously and systematically continued?

Apart from the unusual capacity of these two men for the work, there can be no doubt that the difficulty of carrying out a rational and really beneficial system of education, as opposed to what may be called cram, is greater than it was; and this increasing difficulty is, in the main, attributable to two factors, both of which are unavoidable, and which it is, therefore, our business to grapple with and seek to turn to good account.

The first is the mass of facts which accumulate with increasing rapidity in every branch of science, rendering the study of each more laborious, so dissociating it from others and reducing the range which any individual can possibly grasp, and the breadth of view which he can command. Knowledge grows, but man stands still. That is to say, the intellectual powers of man are no greater now than they were in any of the known past ages—in the days, for instance, of Homer or of Plato, of Confucius, of Buddha, or of Moses, no more powerful to mould the material at hand; whereas the material has vastly increased. If the discrepancy between the *Βίος βραχύς* and the *τέχνη μακρή* was striking and oppressive to the mind of Hippocrates, what must it be now, seeing that the intervening period has gone on adding to the one without prolonging the other? Each of the many hills upon which the science of medicine is based has been heightening, widening, separating from the others and growing into a mountain. It is impossible for any one to climb them all. Some must be abandoned. The alternative is short cuts, forced marches, superficial and therefore evanescent impressions, weariness of the mind and dislike of the pursuit. The level of qualification to practise has to be reached in some way or other, and quickly; therefore, the difficulties of the way must be smoothed or skimmed over, instead of being carefully explored and mastered. There is danger of too much teaching and too little education, of too much pushing and dragging, *alias* coaching, and too little self-help, of too much of being got up the paths of knowledge and too little of getting up. Those ready primers, but intellectual dampers and mental

stuffing machines—the "vade mecums" and "handbooks"—are brought into eager requisition. The time of pupilage is converted into a period of struggle and cram and painful visions of insatiable examiners, instead of being a period of quiet study and of enjoyable, and proportionately profitable, preparation for the practice of the profession.

For the examinations constitute the second difficulty that I have referred to. They are annually growing in extent, in importance, and in influence. Indeed, they are becoming, or have become, the directors and regulators, the despots, of education. Teachers and students are compelled to conform to their behests. The lecturer is bound by the examination cycle and the examination method; and the publisher finds the readiest sale for the books which quickest prepare for the examination standard. And so to order examinations that the maximum of good and the minimum of evil may result from them is the great educational problem of our time. They are necessary as tests of knowledge and therefore cannot be dispensed with. They furnish a stimulus to work which is obviously needed in many, if not in most, instances; and they have the great merit of compelling the student to clear his ship for action, to make his knowledge clear, defined, precise, and producible; and they induce him to cultivate the very important faculty of concentrating his mental batteries, and bringing them to bear quickly and effectively upon the required point.

The great evil of examinations, and the more strenuously to be contended with, because it is almost inevitable, is their tendency to make facts preponderate greatly over thought, and so to add to the accumulating weight of that heap which oppresses the student, and smothers his aspirations and interest in his work. It is a tendency which all who are experienced in examinations and their influence cannot fail to have recognised and to regret; and they must feel the difficulty of avoiding it, especially in those examinations which, from the numbers they affect, have the greatest influence—viz., the examinations for a pass. It is a far easier and quicker process to test the student's knowledge of a fact than his capacity and habit of thinking upon and turning the fact to account. Yet, it need not be said, the latter is of infinitely greater importance. Indeed a fact is of little value, and little likely to be retained by the brain, unless it is graven in, and rendered capable of utilisation, by thought.

Anatomy furnishes a good illustration of the manner in which the present system works. It is pursued with increasing attention and exactness of detail. The knowledge of the facts of anatomy, we all admit, are essential to the practice of surgery, and to an appreciation of physiology; and the correct learning of them promotes the habit of attention, and of accuracy which is the associate of attention. Still it may be questioned whether, from an educational or even from a practical point of view, the result is proportionate to the time and labour expended in the way in which it is done. Certainly there is no other subject which men exhibit so much proneness to forget, none which the over-distended memory so quickly disgorges as soon as the examination ordeal is over, and, too frequently, before that ordeal begins; and in the summary process the useful is indiscriminately rejected with the superfluous. The knowledge, painfully acquired, is strainingly held and cheerfully let go. Hence the facts of anatomy, being measured by an examination standard and acquired for an examination purpose, are repulsive to most students, are made a drudgery instead of being a pleasure, and become a means of deterring men from scientific pursuit instead of alluring them to it.

It will not, I am sure, for a moment be thought that one who has devoted so large a part of life to the study and teaching of anatomy, and who holds a responsible university position in relation to it, would speak disparagingly of it. On the contrary, I have a thorough estimation of the educational, as well as of the practical, value which attaches to it, owing to the opportunities which it affords of associating reflection with observation; and, on this ground, I have ever maintained that it certainly ought to be developed in connexion with our University system, and have laboured, and I am glad to say not unsuccessfully, for its admission among the subjects for the honour examination in the Natural Sciences at Cambridge, believing that its capabilities as an educational agent, if inferior to those of physics, are equal to those of any of the other natural sciences subjects. But, in thus speaking of anatomy, I do not mean an anatomy which taxes memory without stimulating thought, which consists in a collection of naked facts without an appropriate clothing of the varied interest which properly attaches to them, and which renders them attractive and seals them on the memory. I mean an anatomy not limited to the technical details of the structure of the body, but a science implying an intelligent acquaintance with this the highest and most exquisite of existing forms. The dry bones, as Hunter would have taught them, and as Bell, to some extent, did teach them, not with purposeless and pedantic minuteness of detail, but as parts of a noble animal mechanism and full of meaning, would become instinct with life and would enlist the interest and stimulate the energies of the most unwilling student; and the facts thus learned would be far better retained, for the mind, like the itching palm, holds tightly that which it loved to seize. Haplessly, under present circumstances, teacher and student are deterred from these more pleasant and fertile fields by the fear that the produce will fail to bring the requisite marketable examination return. They feel that the facts alone are wanted, and the facts alone must be supplied and culled in all their coldness and massive repulsiveness. The pattern must be that of Hunter's Chinese philosopher, "whose knowledge consisted only in facts," and partakes little of the similitude of his European, "who reasons from principles and thus accounts for facts."

I quite admit that these remarks apply, not to anatomy alone, but, in a greater or less degree, to the other branches of medical science and to examinations generally, and that the influence operates banefully upon the whole educational system of the country, with the result that thinking is not cultivated in due proportion to learning, and that mental stores are heaped with too little regard for the strengthening of the faculty to use them. But in medicine and surgery, and in anatomy above all, more particularly since physiology has been, to a great extent, divorced from it, is the danger especially great; for the required facts are so many, and the time allotted to study an examination is so short. The evil, too, unfortunately, is not limited to the student period. It ranges into the subsequent stages of life, infecting the future guides and teachers and examiners, as well as the practitioners, and so propagates itself irresistibly. How rarely do men continue the study of their profession for any length of time out of pure love of it; and how refreshing, like mother earth touching, is it to come into contact with those who do so. Had Hunter been trained upon the present system, had he been weighed down by tightly compressed facts when a student, and, subsequently, by out-patient seeing, on the one hand, and pupil cramming, on the other, it is scarcely to be supposed that even his mind could have burst the iron fetters and could have regained its elasticity and love of work, or that even he could have found time for those reflections which gave such impulse to the science and practice of surgery.

What can be done to effect an improvement, to counteract the mind-enslaving influence of accumulating facts and greater stringency of examinations, and to bring about that larger association of thought with work, in our educational system, which would approach nearer to the Hunterian ideal, which would attach greater interest and pleasure to study, and would render our students more thinking agents, more able to analyse and deal with the difficulties they encounter, and, therefore, better fitted to take their rank as members of a learned and liberal profession?

The examinations, as I have said, are, and must be, the despots of education. They have probably, for the present at any rate, been made sufficiently severe. What is required is a gradual alteration in their quality. They might well afford to be less exacting in the amount and variety of detail and circumstance, and to throw somewhat more weight into the scale of intelligent appreciation of the knowledge possessed, so that, by their requirements, they may develop a better adjustment of the balance of work and thought. They should not be considered merely as tests of fitness for certain positions and rewards, but, even more, as educational agents, as the guides of teaching and of study. Every question put must be regarded as a drop in the educational current of the future; and examiners must recognise that they are not simply judges of the students who come before them, but that they are, in no less degree, directors of, and, so, responsible for, the teaching of those who will follow.

I see the objections that may be raised to this, and I have

sufficient experience as an examiner to know the difficulties of carrying it out; but objections and difficulties never fail to grow on the path to improvement. They sometimes seem to point the way and nerve us to overcome them; and they do so by telling that proportionately great efforts are necessary and must be made.

What is really wanted, and what teachers and examiners must combine to promote, is, to use the words of the "laughing philosopher" Democritus, who was one of the greatest thinkers of antiquity, that "we should strive not after fulness of knowledge, but fulness of understanding"—that is, that we should strive for good, clear, solid, intelligent, producible and available knowledge of the kind that will be useful in after life; not so much the refinements of chemistry, anatomy and physiology, which in their aggregate are likely to perplex, encumber, stupefy, and then pass away like chaff before the wind, but the essential fundamental facts and principles welded together, and so woven into the student's mind that he can hold them firmly and wield them effectually, and that he is conscious of them, not as the goods of other men, or as dogmas which he has because they were imposed upon him, but as his own possessions, of which he appreciates the value because he knows how to use them. "The knowledge which a man can use is the only real knowledge, the only knowledge which has life and growth in it, and converts itself into practical power. The rest hangs like dust about the brain, or dries like rain-drops off the stones."[1]

It is a hopeful feature of our time that teaching is now occupying the serious attention of thoughtful minds, is beginning to be regarded as a science—assuredly it is second to none in practical importance—and that it is likely to receive that recognition at our universities, as a subject of special study, which it has ever deserved. A good influence thus engendered, and gradually telling upon the general education of the country, will do more than any other thing to promote the improvement of our profession; first, by the better preparation of those who enter it, and, secondly, by the improved methods of teaching in it which are sure to follow; and it will contribute as much as anything to promote the future welfare of our country, and to give to our people that strength of mind and force of character which are more than ever necessary for the maintenance of our position among the nations of the earth. Whether it be in the workshop, on the bourse, in the sick-chamber, in the senate, or on the battle-field, the best educated, most thoughtful, most able persons, must take the lead. A home-striking confirmation of this is being now given in the lesson, which we ought never to have had occasion thus to learn, that English manufacture is being beaten out of the field, not in consequence of any accident or cause which we could not have foreseen, but in great measure because the English workmen are less intelligent, less thoughtful, less given to reading, less self-controlling, less provident, than those or some other competing countries. Must not, and ought not, success to be with the nation in which these qualities are most abounding? The question whether the prosperity and influence of Britain are to continue, whether our flag is to rule the waves of the future, and for a thousand years to brave the battle and the breeze, must depend upon the education of her people, and not upon the amount, but upon the quality of that education—that is, upon the mental training which it gives, and the thought-producing power which it evolves. Teachers and examiners are the masters of the world's position. Let them feel their power and combine to use it well.

The orator concluded with a graceful allusion to the labours of the College.

[1] Froude, "Short Studies on Great Subjects," p. 267.

BEQUESTS ETC., TO MEDICAL CHARITIES.—The National Hospital for Consumption at Ventnor has received £105 from the Trustees of Prison Charities. The Greenock Infirmary has become entitled to £1000 under the will of Mr. Duncan Hoyle. Mr. Thomas Griffiths, Llansaintffraid, has given £700 to the Oswestry and Ellesmere Cottage Hospital. Mr. M. W. Thompson has given £100 to the Bradford (Yorkshire) Infirmary. The Charing-cross Hospital has received £200 under the will of Mr. Henry Juer. The Walsall Cottage Hospital has become entitled to £300 under the will of Sister Dora. The Leathersellers' Company have given sums ranging from £31 10s. to £10 10s. to various metropolitan charities.

Clinical Lecture
ON
EXCISION OF THE ELBOW-JOINT.

BY THOMAS ANNANDALE,
PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF EDINBURGH.

(*Reported by* Mr. MACIVER.)

IN a recent lecture I brought before you three patients on whom I had performed excision of the knee-joint, and I made some remarks upon this operation in connexion with those cases. To-day I propose to make some remarks with regard to excision of the elbow-joint, and shall show you three cases of disease of this joint, and, in connexion with them, consider the operation. I also remind you that, in addition to those three cases, we have this session performed three excisions of the elbow on three other patients. In one case the excision was performed for a recent injury; in the second case the operation was performed for osseous anchylosis; and in the third case the operation was a re-excision for anchylosis resulting from a former operation.

I would first ask you to note a few of the general distinctions between excision of the knee-joint and excision of the elbow-joint. The first difference I would mention is in regard to the age of the patient. In the case of the knee-joint, excision is not advisable, unless in some very special circumstances, after the age of forty. In the case of the elbow-joint, the operation may be performed at any age. I have performed it successfully at the age of three years, and I have performed it also successfully at the age of seventy-five. The second difference I would ask you to note is that in the case of the knee-joint you require carefully to consider the question of interference with the epiphyses, especially the epiphysis at the lower end of the femur, because if it is involved in the disease, or requires to be interfered with during the operation, the result is not satisfactory as regards the after-growth of the bone. But in the elbow the interference with the epiphysis does not appear to be of so much consequence. It is quite true that in a young person the arm may not grow to the same extent as the other arm, but still it may be a sufficiently useful limb. This, of course, refers only to young patients, before the epiphysis has become connected with the shaft of the bone. In the adult it is not of so much consequence. The third difference is, that in the case of the knee-joint, if there is any question between excision or amputation, you give amputation the preference; whereas, in the case of the elbow, amputation is rarely resorted to, and not unless in very aggravated circumstances, when the disease is very extensive or the condition of the patient is very bad. The last difference to which I would refer is that, in the case of the knee-joint, the result desired is a stiff and strong limb, which will take its part in supporting the body during progression. In the case of the elbow-joint, on the other hand, we desire to have a new and movable joint, one which will allow the movements of the limb to take place in as natural a manner as possible. So that, in the case of the knee-joint, the rule is to take away as little bone as possible, while, in the case of the elbow-joint, you must take away sufficient bone to give the limb mobility.

The next point in connexion with this subject I would ask you to note is the different classes of cases in which excision of the elbow may be required.

The first class of cases are those of recent injury—compound fractures involving the elbow-joint, and compound dislocations, and in some cases, severe wounds opening into the joint. Now, all cases of this kind are cases suitable for excision, provided that the principal vessels and nerves are not injured, and also provided that the soft textures round the joint are not too much destroyed or lacerated; and, lastly, that the injury does not involve any large amount of the bone or bones. In connexion with these cases of injury I would remark that in many instances the operation required is not a complete excision, because it generally happens that the injury involves principally, sometimes

entirely, the one bone—that is to say, that in these cases of compound fracture or compound dislocation, it may be the lower end of the humerus only which is injured, or it may be the ulna, or the olecranon process of the ulna, or it may be the radius alone. It is not often that you meet with a case in which the whole of the bones of the elbow-joint are injured, and which admits of excision. In those cases the injury is usually so serious that amputation is required. It is therefore really the case that in the large majority of these cases requiring excision, all you have to do is to remove the injured part of the bone. If the case is one of compound comminuted fracture, or compound dislocation of the end of the humerus, all you require to do is to remove the injured portion of the humerus. An important question arises here. Suppose that the injury is confined to one of the bones, and you remove the injured or protruding portion, should you perform a complete excision? My answer to that question is that you should be guided by the amount of bone which it is necessary to remove. If you find that you require to remove several inches of the bone, and if the other bones are not injured, then it would be sufficient to remove this alone, and to leave the other bones untouched. I have frequently removed in this way portions of one or two of the bones of the elbow-joint, and with very good results. In any case sufficient bone must be removed according to the principle presently to be referred to.

The next class of cases is disease of the joint. I should say that all cases are suitable for excision in which there has been prolonged suppuration of the joint, with disease of the articular surfaces or the articular ends of the bones. I would remind you that in these cases the disease sometimes affects one bone only, and not all of the bones, or it affects one bone more than the others. In addition to these cases, I believe that cases of chronic synovial disease, with prolonged suppuration, are best treated by excision when they have resisted all other treatment, and more especially if the disease is causing constitutional irritation. In removing the elbow-joint for disease it is well to take into consideration the following two points: first, that you have to take away the disease which is causing local and constitutional irritation; and, in the second place, that in doing so you have to provide the patient with an arm that will be movable and useful afterwards. Now I do not mean to say that you should perform excision of the elbow-joint in all these cases of disease, but I do say that the performance of the operation will give you, on the whole, the best results. The principal reason, which would make you urge an operation in any of these cases is, the effect which the disease is producing on the general health. In any case where it is producing constitutional irritation, you should urge the operation. I have mentioned the fact that in cases of disease of the elbow-joint one bone is often more affected with the disease than the others, and therefore it will be sometimes necessary to remove a greater portion of the one bone than of the others. In the preparation which I show you the disease principally affected the lower end of the humerus, and a greater amount of this bone was here taken away than is generally necessary; but, in order to compensate for this, a smaller portion of the radius and ulna, which were very slightly affected, was taken away. Occasionally the disease affects one of the bones connected with the elbow-joint, close to the articular surface, and yet does not involve the articulation. For instance, I have here a preparation of disease of the ulna, in which the disease (caries) extended over nearly an inch and a half or two inches, but did not affect the articular surfaces of the joint itself. Now, in such a case as this, it is of great consequence to prevent, if possible, the joint becoming implicated; and, therefore, if you meet with a case of disease of the ends of one of the bones, with suppuration, it will be a proper proceeding to endeavour to remove the diseased portions of bone as early as possible without interfering with the joint. Should this not be possible, an excision may be performed, and the diseased bone at the same time excised. This was done in the case from which this preparation was removed. Nearly three inches of the ulna, and a smaller amount of the radius and humerus, were cut off.

The third class of cases I would refer to is the class of anchyloses. Excision of the elbow-joint may be required for the relief either of osseous anchylosis or fibrous anchylosis, or of a mixture of both. These anchyloses may be the result of disease or of an old-standing injury. A common class of cases resulting from injury is that in which a dislocation has been unrecognised and unreduced, and the displaced bone acts as the cause of anchylosis or stiffness of the joint. Another class of cases of the same kind is that in which a fracture has been followed by displacement of the bones, which have become fixed in an improper position. You do not perform excision of the joint in every case of anchylosis, but there are two questions I should advise you to consider in connexion with this class of cases. The first question is: Is the condition of the elbow, and is the condition of the arm, such that the latter is useful to the patient in his or her occupation or in his or her rank in life? If this question can be decided in the affirmative, then excision is not required. The second question that you should consider is this: Supposing excision is performed, is the arm likely to be useful? Because if there is atrophy, or contraction, or any other condition of the other parts of the arm which will render the arm, after excision, useless, or nearly so, then there is no advantage in performing it. If, however, the other textures of the arm are in good condition, and the arm in its present position is inconvenient to the patient, then such a case is a proper one for operation.

In judging of cases of anchylosis of the elbow-joint—and this remark applies to other joints—you must be careful to determine that the anchylosis depends on causes inside the joint. There may be contraction of the muscles or other textures outside the joint, stiffening it and making it appear as if there were what is called true anchylosis—that is, anchylosis inside the joint. In any doubtful case, you will get great aid in determining the matter by putting the patient under chloroform, in which condition the muscles are relaxed, and you are better able to judge whether the stiffness depends on true anchylosis or on contraction of the textures outside.

There is another class, which is a class of greater rarity. It is the condition in which there is a large sore from any cause situated over the elbow-joint; and, owing to the size of this sore, and to the fact that you have bone beneath it, complete contraction is prevented, so that it cannot heal. In this case the excision of the elbow-joint will do two things: it will, by removing a certain amount of bone, allow the sore to contract and heal, and at the same time allow the patient to recover with movement of the joint. I have performed two or three of these operations very satisfactorily. In one instance I excised the elbow-joint for a somewhat different cause, which I may include in this class. It was a case where there had been very extensive destruction of the soft textures, and a dense cicatrix had formed, which had drawn up the forearm to the arm, and so fixed the joint. It was a condition of old standing, and so did not admit of stretching; and therefore, in order to relieve the contraction and give mobility, I excised the elbow-joint, and the result was excellent.

There is another class in which the operation of excision may be performed. I have never myself performed it, but a case might occur in which a tumour growing from the bone, from the lower end of the humerus, or upper end of the radius or ulna, admitted of being removed by taking away a portion of the bone from which it grew. In such a case, in order to get a movable joint, it would probably be best to perform excision—that is, to cut away not only the bone from which the tumour grew, but also more or less of the articular ends of the other bones of the joint, so as to ensure movement in it.

A question in connexion with excision will sometimes arise in cases which are complicated by diseases in other parts. You may meet, for instance, with a case of disease affecting both elbow-joints, and both elbow-joints have been excised successfully. Again, you may meet with cases of disease affecting other joints. I have brought here a woman having the complication of caries of some of the bones of the spine. The principle which should guide you in these cases is to endeavour to find out which disease is causing most constitutional irritation, and if it is possible—say in the case of the complication of disease in the knee-joint—to remove the disease of the larger joint, either by amputation or excision in the first instance, and then, when the patient has recovered from the first operation, to act upon the elbow. In this way, I think I mentioned before, I once treated a boy who was very weak and suffering from disease in the knee- and elbow-joints. The first disease was the more serious, and I accordingly performed amputation of the thigh, and as soon as the boy recovered, I performed excision of the elbow; and he is now going about a strong, healthy young man. Should the complication be non-removable, as in the case of caries of the spine, excision of

the elbow should be performed only if the spinal or other disease is in a quiescent state, and if the elbow disease is causing constitutional mischief or irritation.

We pass now to the operation itself, and we shall best consider the operation of excision under certain heads.

1. What is the best incision? The best incision is one made along the posterior aspect of the joint, a little to the inner side of the middle line. In the adult an incision of about five inches long is usually sufficient, but you never can do any harm by making it longer in the superficial parts, because it is of great consequence to have the deeper parts thoroughly exposed. In cases where there is a wound or sinus, or sore, it is convenient to include that in the incision. For instance, if on the lateral aspect you have such a wound or sinus, you may sometimes modify your incision by taking a curve so as to include the sinus or wound. If this be upon the anterior aspect of the joint, you must not of course include it. The great advantage of the straight incision is that it allows you to split the attachments of the muscles, more especially that of the triceps. If you divide the muscles transversely, the result afterwards is not so satisfactory as regards the strength of the arm.

2. The textures to be avoided. Now, the principal textures to be avoided in excising the elbow are—the ulnar nerve, as it lies over the inner condyle, and the brachial vessels in front. The best way to avoid these structures is to make your incision in the first instance quite down to the bone, and then in your dissection to keep the point and edge of your knife close to the bone, taking care to divide all the muscles where inserted in the longitudinal direction, and as close to the bone as possible. In fact, it is a good rule to separate and cut away a piece of the periosteum along with the muscle. The structure which is most likely to be injured is, as you know, the ulnar nerve. Of course, in ordinary cases, if you can see it, and draw it aside, you prevent any risk of injury. But sometimes, especially in cases of extensive synovial disease, you will find it impossible to see it, and therefore you must keep your knife close to the bone, and turn the parts aside, and if you do this carefully there is very little risk. But supposing it to be injured by accident during the operation, or destroyed in the progress of disease, you should search for the divided ends, and stitch them together with catgut. The fact that the nerve is injured, or has been divided in the operation, does not necessarily interfere with the usefulness of the arm, and is not sufficient to make you perform amputation. Then, as to the periosteum. It has been proposed, as many of you know, to perform the operation subperiosteally, as it is termed. In regard to this operation, I would say that it is quite right, in cases where you require to remove a very large amount of bone, to preserve as much as possible of the periosteum. But in an ordinary case, I would not advise you to retain the periosteum, except at the points where the muscles are cut away; because if you leave it the growth of new bone is generally too excessive, and you do not obtain a thoroughly movable joint.

3. How much bone is to be removed? If you are operating in a case of injury, you must remove the whole of the injured bone, and, if you have to remove a large amount of one bone, you must endeavour to compensate for this and only take away a small portion of the other bones, or none at all in some cases. If you are operating in a case of disease where one bone is more diseased than the other, you must compensate by taking away less of those bones which are not diseased. I advise you to act upon this principle. Having freely exposed the bones with the incision already mentioned, you examine the amount of injury or disease, or the condition of the anchylosis, and take away as much as necessary to remove the injured or diseased portion, or, in the case of anchylosis, to cause a good gap between the ends of the bones. When you have done this, you should hold the arm in the straight position, and determine that there is an interval of at least an inch and a half between the ends of the bones of the arm and forearm. If you have not that amount of separation, you should take a slice off one or other of the ends of the bones, as may be most convenient. In addition to this you should determine that the arm moves freely, that there is no locking, and that, in fact, you have taken away sufficient to allow of proper mobility. In some cases, where the disease is extensive, you may find that there is a wider interval. There may be two inches, or even three inches, but you should not have less than one inch and a half. In some cases of anchylosis, my colleague, Dr. Watson, has suggested an operation, by means of which he removes through one lateral incision the lower end of the humerus and its condyles, without interfering with the radius and ulna, so as to preserve as much as possible the attachment of the triceps and other muscles. I have done a similar operation by means of two lateral incisions, and I think that the two lateral incisions give you more room, and you expose the bone more readily. Note this therefore, that in certain cases of anchylosis you may get an excellent result by one or two lateral incisions and by removing only a sufficient amount of the end of the humerus. In connexion with the removal of the bone, a point to be attended to is that in cases of anchylosis you should always ascertain that the head of the radius is movable, and not fixed to the ulna. If it is fixed, it interferes with pronation and supination, and the connexion between the two bones should be divided with the bone-forceps or saw.

4. The after-treatment. When the excision has been performed, the arm should be placed in a position midway between flexion of the elbow at right angles and extension. If you like you may place the arm upon an angular splint of some kind, so as to keep it steady. But in this school our custom is to adjust the limb upon a pillow only. We have next the important point of movement to be attended to. As soon as the wound is healed, or nearly so, you should begin carefully to make flexion, extension, pronation, and supination; but, even if the wound is not healed, you should not delay beyond a fortnight these movements. These movements should be carried on for a considerable time—for months it may be, until the arm becomes stronger. It will frequently happen that for several months the arm is weak after excision—in fact, until the divided muscles acquire their new attachments and become shortened. If they continue weak after this time you will find that friction and the application of galvanism are often useful in strengthening the arm. It will sometimes occur that you have too great mobility after this operation. This may be owing to the fact that too much bone has been removed, or that the new attachments of the muscles have not taken place satisfactorily, or that some of the muscles have become atrophied. In such cases, if friction and galvanism do not do good, some little mechanical support will often be useful to steady the elbow, and will cause the arm to be very useful. Should there be any tendency for the muscles or other soft textures to contract and interfere with proper mobility of the arm, extension by means of a weight will be found useful in counteracting it. In one case of the kind lately in the wards this treatment was found to be most successful.

The question of re-excision may require to be considered. Thus, re-excision may be required for two conditions—either for anchylosis, which has resulted from the former operation, as in the case of the boy upon whom we operated lately; or it may be required for an extension or return of disease. In both cases you must carry out the operation upon exactly the same principles as in any ordinary excision performed for the first time.

LYMPHADENOSIS WITH BROWN PIGMENTATION OF THE SKIN.

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(Case reported by MR. J. K. FOWLER, *House-Physician to the Hospital.*

THE interest of the following case lies chiefly in what was incidental to it. The patient, when admitted, appeared to present a typical example of lymphadenosis. Dusky discolouration of the skin, characteristic of Addison's disease, came on while he was in the hospital, when he had been affected with the lymphadenosis about two years, when he was gradually losing strength and the glandular enlargements were extending. Before the patient's death the pigmentations had become very manifest, and for two months had been so well marked as to have been pointed out by me to students as characteristic, not of the lymphadenosis, but of Addison's disease. Their absence from the face and backs of the hands may perhaps be accounted for by the man's not

being exposed to direct sunlight. Increasing weakness confined him to the ward and mostly to his bed.

On post-mortem examination, the suprarenal bodies were found perfectly normal in every respect. But the semilunar ganglia and solar plexus were involved in a closely aggregated mass of enlarged lymphatic glands.

From these facts, as well detailed below by Mr. Fowler, two inferences may be fairly drawn:—1. (Certain) That, in Addison's disease, the peculiar discolouration of the skin is not due immediately to the disease of the suprarenal bodies *per se*. 2. (Highly probable) That it is due to extension of disease from those bodies to the sympathetic nervous centres in their neighbourhood.

Other published observations go far to establish the latter proposition as a sure fact. And if it be a fact, it is the more interesting, because it is not likely to be an isolated fact in the agency of the nervous system. It points to this system as the agency through which are produced the dark areolæ of pregnant women, and the brownish discolourations of other parts of the skin seen frequently in pregnancy and occasionally in other cases without obvious cause.

L. P——, aged thirty-seven, a railway labourer, married, with seven children, was admitted into Griffith ward on September 2nd, 1878. He stated that he had generally enjoyed good health, and had never been laid up by any illness. His habits had been intemperate; he had drunk freely of beer. When his illness began he was living at Brandon in Norfolk, but for the last thirteen months had resided at St. Ives, Huntingdonshire. Whilst there he had followed his present occupation, but previously he had been a coachman. Two years before his admission his health had begun to fail, and about that time he had noticed a small hard swelling just above the left clavicle. This had been increasing in size ever since, and fresh swellings had gradually become evident around it. Shortly before the swelling made its appearance he became troubled with perspirations. At first slight, these soon became so profuse as to compel him to leave his employment as a coachman, from fear of taking cold whilst waiting on the box. Four months before admission he noticed a lump in the left axilla, and a week ago a gland in the right axilla began to enlarge. He had never suffered from epistaxis.

Condition on admission.—A fairly nourished man, without obvious appearance of cachexia. The tongue was clean; bowels open regularly; appetite good; skin moist. No cough or dyspnœa. He complained much of feeling weak, and of irritation on the palms of the hands and soles of the feet. The skin was of a dirty hue, and there were marks of scratching on several parts of his body. The axillary glands were enlarged on both sides. On the left they formed a mass as large as a hen's egg; on the right, about the size of a walnut. The glands in both supra-clavicular fossæ were enlarged, but here also the left side was the more affected. Besides these, smaller tumours could be felt in the following places: beneath the occiput, along the sterno-mastoids, at the bend of the elbows, and in both groins. None of the swellings were painful, tender, or red. Where many glands were enlarged, as on the side of his neck, they could be felt as distinctly movable. The chest expanded fairly. The percussion-note was slightly flatter over the left pectoral region than over the right; a few crepitant rhonchi were audible at the base of the right lung. The cardiac sounds were normal. The hepatic dulness began at the fifth rib in the mammary line, and extended downwards about four inches and a half. In the mid-sternal line it reached to within two inches of the umbilicus. The splenic dulness measured four inches in the axillary line. The urine was acid, of specific gravity 1020, deposited lithates, and was free from albumen. On examination of the blood, about thirty white corpuscles were seen in a field which should contain only five or six.

During the night he perspired profusely; these perspirations continued almost unchecked through nearly the whole of his illness; on some nights they were so profuse as to compel him to change his shirt five or six times. The temperature on admission was 99·4° F. Every evening there was a rise of between three and four degrees, with a morning remission, the range being from 99°–100° to 103° or 104°. The enlargement of the glands in all parts of his body was progressive from the time of his admission to his death. The masses of axillary glands grew to the size of large oranges, and on either side above the clavicle were enormous nodular swellings, made up of many small glands, one larger than the rest lying over the trachea in the episternal notch. The dulness noted on admission beneath the left clavicle gradually increased in area, extending from the right edge of the sternum across the left pectoral region to the axilla. Over this region the breath-sounds became fainter, and were at last inaudible.

On Sept. 23rd, he complained of pain in the left side, and on auscultation a pleuritic friction-sound was heard. The percussion-note at the left base was dull, and the vocal fremitus diminished.

After he had been in the hospital about a month patches of brown pigmentation began to appear in the loins, on the abdominal and thoracic walls, and in the flexures of the arms and legs, but none could be found about the mouth. These patches very gradually increased in size and number, their colour at the same time changing from a yellowish to a dark brown, resembling in all respects those met with in Addison's disease. About the beginning of December the areola of the left nipple began to enlarge, and its colour became dark brown; the right areola at this time was not altered in any way, but before death it also had become discoloured, but not nearly to the same extent or degree as the left. It was noticed, too, early in December that the integuments of the left side of the thorax felt hard and brawny, the patient himself complaining of a feeling of tightness about the part. His breathing now became more difficult, and on Dec. 2nd he had an attack of dyspnœa, lasting about two minutes. On the following morning, the urine was found to contain a small quantity of albumen. The edge of the liver was now perceptible below the umbilicus, and the spleen could be felt below the edge of the ribs. He had lost flesh and strength, and was markedly cachectic. About Christmas he rallied for a fortnight, but this was followed by increased dyspnœa, from which he gradually sank on Jan. 19th.

The treatment at first tried was compound tincture of chinchona in drachm doses three times a day, with cod-liver oil, and subsequently tincture of belladonna and oxide of zinc were given to check the sweating, but without much benefit. Bromide of ammonium in ten-grain doses, and iodide of potassium in five-grain doses thrice daily, were then tried with like result. In December he was ordered two grains of phosphate of zinc, and the dose was gradually increased to five grains three times a day. Nine grains of quinine pill were also given daily at 8 P.M., and under this treatment the excessive sweats nearly ceased, but no other amendment ensued.

Autopsy (Jan. 23rd).—On opening the thorax an enormous mass of enlarged glands, weighing 4½ lb., was found filling up the anterior mediastinum and upper half of the left side of the chest. The left lung was almost collapsed, the main bronchus being pressed on by enlarged bronchial glands. The right lung was slightly emphysematous, but otherwise normal. Right lung weighed 35 oz., left 12 oz. There were about 4 oz. of serous fluid in the left pleural cavity, and recent lymph on both its surfaces at the base. On both sides of the spine a chain of enlarged glands was found beneath the pleura. In the same situation a number of small, raised, subpleural lymphoid growths were seen. On the pleural surface of the ribs, close to their articulation with the transverse processes of the vertebræ, small, ivory-looking projections were found. The heart weighed 12½ oz.; valves normal; some post-mortem clots were found in the right auricle and ventricle. The enlargement in the left supra-clavicular fossa and posterior triangle of the neck consisted of about thirty glands of various sizes. Some of these passed beneath the sterno-mastoids. On the right side the glands were fewer in number, and had not grown to the same extent as on the left. The occipital, cervical, submaxillary, axillary, epitrochlear, and inguinal glands, were all enlarged. The glands were hard and fibrous on section, and of a yellowish-white colour. There was no softening of the centres, but a creamy fluid exuded on pressure. The liver, much enlarged, weighed 88 oz. There were no appearances of any new growth. Beneath the capsule of the spleen a number of greyish-looking disseminated nodules were seen, and on section it was found to be studded throughout with hard yellow growths, about the size of peas. Its weight was 31½ oz. The kidneys were enlarged; the right weighed 8½ oz., and the left 9½ oz. No appearance of any new growth was found on the mucous membrane of the stomach or intestines.

The mesenteric glands were enlarged. On attempting to trace down the splanchnic nerves to the solar plexus, they were found to run into one mass of enlarged retro-peritoneal glands lying in front of the spine. The semilunar ganglion and solar plexus were entirely involved in this mass. The ganglion could not be found. The suprarenal capsules appeared normal in every respect.

Dr. Creighton kindly examined, microscopically, the splanchnic nerves, but found them healthy. Sections of the enlarged glands, under the microscope, presented the appearances usual in similar cases.

ON THE TREATMENT OF LUPUS BY ERASION.

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IN the summer of 1875 my attention was first directed to a method of treating lupus advocated by Professor Volkmann, of Halle, which was said to effect unusually good results. At the same time it happened that a case peculiarly appropriate for determining the comparative merits of different methods of treatment was placed under my charge; and since then, chiefly by the courtesy of my colleagues, I have had very considerable opportunities of treating this disease.

It is not a little remarkable that this method of treating lupus, which has become general throughout Germany, should have attracted so little attention in this country. Beyond the cases brought before the Clinical Society by Dr. Squire, I am not aware that any cases have been published, or that any surgeon has recorded his experience of the value of Volkmann's treatment. It has not yet been noticed in any surgical text-book, and the authors of the addresses on Surgery delivered annually before the British Medical Association have been either unaware of it or have thought it unworthy of mention.

Before speaking of the cases in which I have employed this method of treatment it would be as well to indicate the class to which it is applicable; and this seems especially necessary, inasmuch as the term lupus, which was at first applied figuratively to any disease which gradually ate away the soft parts, has been slowly undergoing limitation in its application, and therefore becoming more definite in its meaning.

Since Willan and Bateman, at the beginning of this century, attempted to restrict the term to particular ulcerations about the face, an almost innumerable series of varieties have by various authors been described, and many divisions have been suggested, according to the stage or condition of the lupous process. But the division which has taken most hold on the profession is that of Rayer, into Lupus exedens and Lupus non-exedens. This was generally accepted by the profession, and became the basis of all clinical teaching. It made its way into every medical work on the subject, and is at this time still the division found in nearly all our surgical text-books. Against the continuance of these terms I wish most emphatically to protest, and I trust they may soon be considered as much out of date as the still older *noli me tangere*. Apart from their general awkwardness, they simply express stages of a process, or differences in the rate of progress of the disease; but a better reason for their discontinuance is that under the severer term have been included the effects of a totally distinct disease. It is not too much to say that almost every case of extensive ulceration of the face, to which the term "exedens" might with good reason be applied, has its origin in syphilis, either hereditary or acquired. In proof of this I may mention that two years ago, Dr. Hilton Fagge, in revising the catalogue of skin diseases in the Museum of Guy's Hospital, found it necessary to remove the greater number of models labeled Lupus exedens, and place them under the head of tertiary syphilis. When the term "exedens" was introduced these destructive changes were not recognised to be the result of syphilis, and now that they are excluded from the category of lupus there is no necessity for the continuance of the term. To this fact I would particularly direct attention, that true lupus is an exceedingly slow disease, which, even when ulcerating, takes many months or even years to destroy one ala of the nose; whereas tertiary or late syphilis progresses much more rapidly, and is far more destructive in its effects. It is because these syphilitic affections of the nose, lips, and palate are treated for lupus that we see the terrible ravages sometimes made by syphilis in its later stages.

A case of this kind I brought before the Hunterian Society about four years ago. A girl, eleven years of age, showing by her teeth and eyes characteristic marks of hereditary syphilis, had lost the bridge of her nose, her soft palate, and the eyelids of her right eye by syphilitic ulceration. Her upper lip was ulcerated and enormously thickened, and the glands of her neck enlarged and ulcerating. Yet under the internal administration of iodide of potassium and grey powder, and the local application of mercurial lotions and ointments, these various affections rapidly subsided, and I was afterwards able to perform a plastic operation for the restoration of the eyelid.

A still worse case came under my care in Guy's Hospital in the summer of 1877. A child about the same age had lost almost the whole of her nose, which was fringed by fungating granulations, the whole of her soft palate and a large part of the hard were destroyed, and the ulceration was still extending. The upper lip was greatly thickened and ulcerated. She was blind with both eyes from interstitial corneitis, and deaf with both ears. But under anti-syphilitic remedies the ulcerative process was completely arrested.

About three years ago a man aged thirty-eight came among my out-patients at Guy's Hospital, suffering from destruction of his nose and septum up to the nasal bones, extensive ulceration and thickening of the upper lip, and loss of the soft palate. He had been elsewhere under treatment during two years for lupus; but in six weeks, under anti-syphilitic remedies, the ulceration was completely arrested, and I afterwards performed a plastic operation for the restoration of his nose. He had acquired syphilis about twenty years before, and had since married and become the father of five apparently healthy children. I have mentioned these cases to indicate one of the classes formerly included under the term "lupus exedens," and to justify my very strongly expressed opinion that this misleading term should be entirely disused. Practically, any case where there is a rapidly destructive change going on, and especially if the bones are affected, should be regarded with suspicion of syphilis.

We have to thank Hebra for greatly simplifying the verbose and redundant nomenclature of lupus, for he has shown that the many varieties described by authors under the terms tumidus, exuberans, exulcerans, exfoliativus, maculosus, tuberculosus, hypertrophicus, rodens, vorax, fungosus, serpiginosus, scrophulosus, psoriasiformis, are all simply differences in the stage, position, or mode of development of the same disease to which he has given the name lupus vulgaris. The general characters of this affection are now well recognised. Commencing as little masses of cells in the subpapillary layer of cutis, where it may be seen to extend along the bloodvessels, or beginning, probably, in many instances, in the rete mucosum, it appears on the surface as little yellowish-brown or brownish-red spots about the size of pins' heads, which distend the cuticle, and, extending and coalescing, may reach the size of sixpences or shillings without further change. More commonly, however, the tubercles undergo degenerate changes before acquiring any great size. Sometimes they shrink and desquamate; at others they ulcerate, and, fungating granulations occupying their place, a lupus ulcer is formed. Not unfrequently the patch is complicated with pustules, and in some instances, whilst healing on one side it spreads on the other, giving rise to a serpiginous sore not unlike what is often seen in syphilis. The disease is essentially a growth of small cells incapable of higher development, and as it is superficial and of limited area, local treatment, as might be supposed, is most efficacious in its cure. Yet it must be allowed that internal remedies, such as cod-liver oil, iron, arsenic, and iodide of potassium, are often of great service, and, in union with stimulating ointments, may, in mild cases, effect a cure. But too frequently much valuable time is lost, and the disease is allowed to spread, owing to active local treatment being postponed.

The following case came under my care in the autumn of last year. A. K——, a servant, aged thirty-two, had

suffered from an eruption on the extremity of her nose for nine months. There were a few pins'-head brown tubercles on the tip of her nose, and a thickening with scaliness of the mucous membrane at the orifice of the left nostril. She was given cod-liver oil and a mixture containing citrate of iron and quinine internally, a lotion containing chloral and glycerine to draw up the nose, and red oxide of mercury ointment to apply. Under this treatment the disease disappeared in about ten weeks, leaving a somewhat sharpened edge to the nostril. I have since seen her, and there has been no return of the disease. I am very strongly of opinion, however, that, except in very early or slight cases, active local treatment ought at once to be commenced.

To name the various local applications which have been employed and proved efficacious in the treatment of lupus would be to enumerate all the caustics that have ever been used. Excision has been advocated by some, and the galvanic cautery much lauded by others. But to every one of these methods of treatment there is this objection—that they do more than is necessary, destroying a certain amount of healthy tissue with the diseased, and so adding to the subsequent cicatrix. The treatment which it is the object of this paper to advocate is exceedingly simple, for it requires only that the whole of the diseased tissue should be scraped away by means of a blunt spoon or scoop. It is, however, based upon a sound principle, that cicatrisation should be favoured with the least amount of damage to the sound parts. The lupus tissue, being a cell-growth, gives way readily before a blunt instrument, whereas the sound tissue upon which it rests cannot be thus removed. We have, therefore, in a blunt instrument a means of separating diseased from healthy tissues, between which neither caustic nor knife can discriminate. In consequence of this, superficial cases thus treated heal so as to leave scarcely any perceptible scar, and the most extensive surfaces may be induced to cicatrise without the induration, puckering, or contraction which too often follows the free use of cautery and caustics. To treat the disease effectually care must be taken to thoroughly eradicate every particle of softened tissue, and there need be no fear of doing too much in this direction. Those who have no experience in this method of treatment might imagine it possible with a blunt instrument to scrape away sound tissue with the diseased; but so dense is the normal derma that it offers a complete resistance to the scoop, however energetically applied. Where the disease is not concentrated in distinct patches, but assumes an infiltrating form, it is recommended to attack it by means of multiple puncturings with a small narrow-bladed knife. This I have seldom found necessary when the disease shows itself upon cheek or extremities, but lupus patches on the nose are often surrounded by a thickened subinflammatory material, which does not scrape away, and which it is well to treat by puncturing. As to the instrument, that which I generally employ is a blunt periosteal elevator, or a bone-gouge. Its form matters little, but it is well that it should be somewhat pointed at the extremity, to enable the operator to pick out the little holes which the lupus tissue makes in the deep portion of the skin. The operation itself is painful, so that it is usual to administer chloroform during its performance; but the inconvenience of this is completely atoned for by the almost absolute freedom from after-pain, there being no subsequent inflammation such as is excited by cautery or caustics. In a few days granulations spring up, and the wound assumes the aspect of a simple ulcer. Volkmann himself usually brushes the surface lightly over with nitrate of silver after scraping, but this is unnecessary. Stimulating lotions and ointments will hasten the healing process much more than soothing applications, such as lead solution; and that which I usually employ is a solution of chloral or the red oxide of mercury ointment. It may be also necessary to keep down fungating granulations with caustics, and when a healthy surface is obtained skin-grafting may be resorted to. It sometimes happens, especially when the disease attacks the extremities, that a number of small points of lupus appear around the chief centre, separated from each other by sound skin. These little pin-points often occur around the bases of the hairs, and, if picked out, are apt to close over too quickly and recur. To prevent this, I now in such cases introduce for a moment a zinc point into each of the little depressions whence the lupus tissue has been picked out. Its slight astringent action is just sufficient to prevent primary adhesion.

(To be concluded.)

ON CHRONIC BRIGHT'S DISEASE, AND ITS ESSENTIAL SYMPTOMS.

BY F. A. MAHOMED, M.D.,

MEDICAL REGISTRAR TO GUY'S HOSPITAL, AND ASSISTANT-PHYSICIAN TO THE LONDON FEVER HOSPITAL.

(Continued from p. 158.)

I HAVE previously stated that chronic Bright's disease—meaning by this term the true red granular kidney with the corresponding cardio-vascular changes—is, practically speaking, never diagnosed as such; and I propose now to give the evidence on which that statement was made. I have collected all the cases in which granular kidneys were found at the post-mortems made at Guy's Hospital during the years 1877, 1876, and the first half of 1875—sufficient to make up one hundred cases in all. The cases have been selected without any choice or favour, in the order in which they occur in the Pathological Records. The cases in which the kidneys were merely slightly granular, secondary to rheumatic heart disease, and cases in which surgical affections of the kidney, or new growths in it, had occurred, were not accepted; neither were those cases in which the condition of the kidney appeared in any way doubtful, although associated with hypertrophy of the heart and degenerate vessels. The cases divide themselves into two great classes: first, those in which the kidneys were merely the red granular kidneys produced by interstitial changes; second, those in which mixed kidneys were found—namely, kidneys which were granular from interstitial changes, and which were also mottled by an excessive proliferation of epithelium. These two pathological divisions are found to coincide almost exactly with certain clinical divisions of the cases: the cases of mixed kidney are found to include all the cases in which the diagnosis of Bright's disease was made during life, and perhaps some in which it was not made or was doubtful; while the true red granular kidneys were found in patients who, during life, presented the clinical signs of other diseases, and in whom the chronic Bright's disease, though in almost all cases the ultimate cause of death, was overlooked. These facts, I may remark, were not recorded by myself; were it otherwise, it might be thought the appearances were seen and described with a prejudiced eye. The table gives the result of a careful analysis of facts recorded by thoroughly competent observers, and without any intentional bearing on the question at issue; should my analysis be questioned, the pathological and clinical records at Guy's are always open to inspection, and I shall be glad to give the references to each case included in my table. Unfortunately it is not always possible to obtain the diagnosis which was made in each case during life; this can often only be surmised from the general character of the reports, but a very generally correct opinion can be arrived at in this manner. Thus all cases in which there was renal dropsy and albuminuria we may assume to have been diagnosed as Bright's disease, so also other cases in which there were albuminuria, hypertrophied heart, retinal hæmorrhages, diarrhœa, vomiting, or so-called uræmia. But where the symptoms of some other disease are more especially emphasised in the reports, such as "cardiac dropsy," with cardiac murmurs and an enlarged liver, the case has been classed among those with symptoms of heart disease; or where the symptoms described have been cyanosis with orthopnœa and signs of bronchitis and emphysema, they have been classified accordingly. In most of the cases belonging to these two last-mentioned groups albuminuria occurred, but as the livers were also nutmegged in nearly every case, and the venous system engorged, it can only be regarded as the venous albuminuria which is almost constantly present in all cases in which there is dilatation of the right side of the heart, whether the kidneys be affected or not. In many of the cases of apoplexy alluded to in the table, albuminuria also occurred immediately previous to death (although often absent on admission), owing to the laboured and stertorous breathing; it was also present, moreover, in two cases of apoplexy in which the kidneys were not affected, thus proving that it did not depend upon the condition of these organs. In all the other cases, whenever any note is made of the urine in the reports, albumin is always said to be absent.

ANALYSIS, SHOWING THE CLINICAL ASPECTS OF 100 CASES OF GRANULAR KIDNEYS.

I. Cases presenting the symptoms of diseases other than Bright's disease. *Red granular kidneys found, without epithelial excess.*

Symptoms produced by cerebral hæmorrhage in	... ...	15
,, those of heart disease, with valvular murmurs		17
Of these, no valvular disease existed in		13
Rheumatic valvular disease occurred in		4
,, those of lung disease	... ...	18
Of these, symptoms those of severe bronchitis and emphysema	... ...	11
Symptoms those of pleurisy & pneumonia		7
,, those of sundry other medical diseases	...	11
,, ,, ,, ,, surgical diseases	...	13
		74

II. Cases presenting some of the ordinary symptoms of Bright's disease. *Mixed granular kidney found, with epithelial excess.*

Symptoms of Bright's disease occurring before death, chiefly acute	26
	100

These figures appear to me most remarkable and very instructive. Only 26 per cent. of these cases presented the ordinary symptoms of Bright's disease, such as would have led to their diagnosis during life; probably several of these even were overlooked, for I have counted among them every case in which the diagnosis seemed at all probable. For instance, 6 out of these 26 cases were also affected with lardaceous disease, and 5 of these presented syphilitic lesions (3 of these cases occurred in the surgical wards), the other was a case of phthisis. This frequent association of granular and lardaceous kidney due to syphilis is worthy of special notice. I have several times seen similar cases. In 3 other of these 26 cases of mixed kidney the urine is said to have contained no albumin at the time of admission; this symptom subsequently developed itself as the disease became more acute and indicated more distinctly renal failure, while at death the kidneys presented the appearance of epithelial as well as interstitial changes. If, then, we deduct from these 26 cases the 6 of lardaceous disease and the 3 in which albumin was not present in the urine at the time of admission, it reduces the number to 17 cases of granular kidneys out of 100, in which the ordinary symptoms of Bright's disease manifested themselves, and in many of these 17 the symptoms were those of the acute disease at the time when they came under observation—namely, dropsy and albuminuria,—while others developed them while in the hospital. All of them had albuminuria, while all presented the anatomical appearances of the acute or subacute disease—namely, epithelial excess in the tubes,[1] in addition to the chronic changes. Although the ordinary symptoms of Bright's disease were rarely, if ever, found without corresponding epithelial changes in the kidney, yet 6 cases occurred in which epithelial changes were present, but in which there were no symptoms of acute Bright's disease. In 3 of them no albumin was found in the urine; 1 of these died from cerebral hæmorrhage, another, which was a surgical case, from peritonitis, the third from emphysema and bronchitis. The other 3 were cases presenting clinically the signs of heart disease. These 6 are all included in the other 74 cases of granular kidney without the ordinary signs of Bright's disease. In these cases all those which had the clinical symptoms of acute disease were also found to have the pathological appearances indicative of it. Is it not, then, a fair assumption that these 26 cases, which both clinically and pathologically exhibited the signs of acute disease, were indeed cases of mixed disease or acute attacks supervening on chronic changes?

If this be admitted, as I think it must be, where shall we find the cases correctly diagnosed as chronic Bright's disease in which the true red granular kidney existed? Some of these twenty-six might probably be claimed as such when they were first admitted as cases with albuminuria, subconjunctival œdema, rigid vessels, and hypertrophied hearts, and such cases would generally be suspected of it, even without the albumin in the urine; but, given these facts, I shall try to show that, without the urine, we have more than enough for our diagnosis. The cases that can be diagnosed in this manner as chronic Bright's disease, though common enough in the wards and out-patient room, do not die from these symptoms; they die either by the disease becoming acute, as in these 26 cases; or they die from failure of one or other of their organs upon which stress is thrown by the disease, either by lung, heart, or brain; they die from the effect of surgical operations or accidental injuries, which they always bear badly, or they fall victims to some other disease. I may here mention that those cases which die from so-called uræmic symptoms with granular kidneys belong to the class of *mixed* granular kidneys; they are due to exacerbations of the disease; two such are included in the above 26 cases. I suppose, however, that an acute attack, producing such symptoms, might at any time occur in an ordinary case of *red* granular kidney, and bring about death before the epithelial changes had time to manifest themselves.

Of the various modes of death in contracted kidney, in addition to those terminating by an acute attack, the remaining 74 cases afford examples. These were, judging from their reports, all overlooked; or, if the question of Bright's disease were raised, it was left uncertain, or was regarded as a complication; in other words, at least 70 per cent. of the patients who owe their deaths more or less directly to Bright's disease die with the chief cause of their deaths unrecognised. Take the 15 cases of cerebral hæmorrhage: if these cases had been seen before the attack, in how many would the disease have been recognised and the attack averted? Probably in none of them, unless special attention had been directed to their arterial pressure, for their urine was most likely non-albuminous. Of course, after the attack, guided by the knowledge that over 90 per cent. of the cases of cerebral hæmorrhage in old people occur in association with chronic Bright's disease, a pretty safe guess would be hazarded, as the state of the kidneys and the presence of albumin, which often occurs in the urine from the venous congestion produced by the impeded respiration, would be appealed to as a proof that Bright's disease existed, although as a proof under these circumstances it is worthless.

The next group of cases—the 17 in which the symptoms during life were those of heart disease—must have been regarded clinically as cases of valvular disease of the heart, or, at best, nothing more than a suspicion of their true nature would have been expressed, although it is no new teaching at Guy's that the symptoms of heart disease in old persons are most commonly due to chronic Bright's disease. This I have often heard Dr. Hilton Fagge remark, although I believe he has not at present recorded the observation in any published paper. But, as far as I know, the method of distinguishing these cases from those due to valvular disease of the heart has not previously been pointed out; to this reference will be made hereafter. In these seventeen cases aortic or mitral bruits were present in all but one. This case was stated to have been of doubtful nature during life, whether cardiac or renal; in it there was very obvious enlargement of the heart, cardiac dropsy, enlarged liver, and pulmonary apoplexy. The urine contained either little or no albumin; there was no bruit present; the heart weighed thirty ounces; there was no valvular disease; the kidneys were much wasted and very granular, with thickened and adherent capsules and numerous cysts. The misleading presence of bruits in the other cases seems to have completely obscured the true nature of the disease. It is worthy of note that, out of these 17 cases, although the valves were unaffected and apparently competent in 13 after death, they were probably rendered incompetent during life by dilatation of the aorta or of the ventricle under high pressure.

Again, the 11 cases in which death occurred from bronchitis and emphysema were all cases in which these conditions stamped their characteristics upon the clinical aspects of the case to the apparent exclusion of all others. They, of course, do not include all the cases in which bronchitis occurred (for that, as Dr. Wilks teaches, is a constant symptom in Bright's disease), but only those which appeared to be admitted and treated for this disease alone. So also with the 7 cases of pleurisy and pneumonia. Of these, 3 presented the usual signs of acute pneumonia; the other 4 were cases of pleurisy with effusion. It will

[1] Two cases formed exceptions to this rule. In both of them the kidneys were typical specimens of far advanced cirrhosis, and in both dropsy and albuminuria were present, although there was no appearance of epithelial excess. One of these examinations was performed by the house-physician, and there was no microscopic examination of the organs, but the other case was examined by Dr. Fagge, who expressly states that no epithelial changes were observed under the microscope.

be necessary to speak hereafter of the method of distinguishing those cases of chronic Bright's disease with heart or lung complications from the cases in which these organs are primarily affected. The remaining 11 medical and 13 surgical, making together 24 cases, were under treatment for various diseases, and their reports indicate no suspicion of the existence of any Bright's disease. No note about the condition of the urine occurs in many of them, but in all those in which any mention of it is made it is stated to be free from albumin.

From the facts recorded in these tables, it appears clear that chronic Bright's disease must be sought for under some different guise to that in which we are accustomed to look for it, if it is to be found; otherwise we shall continue to pass it by unrecognised in most cases in which we meet with it. Yet it is a gravely important disease, affecting all the tissues of the patient suffering from it, and although its commencement is early in life, its progress slow and insidious, it is, I believe, easily recognisable, and is often very amenable to treatment. To trace it thus in its earliest stages, and to indicate how to recognise it under each of its disguises, will be the subject of the remainder of these papers. In pursuing it, however, let me once more repeat that we are not seeking for a disease of any particular organ, but one which more especially affects the blood or tissues generally. It manifests itself by the obstruction offered to the blood-flow in the capillaries, thus bringing about a condition of the circulation which is itself functional—namely, high arterial pressure,—but which subsequently produces organic changes in the cardio-vascular system; *these changes from the essential part of the disease.* Together with these, certain changes occur throughout the whole body probably, but they affect more especially the excretory organs—namely, the kidneys, lungs, mucous membranes, and skin, and of these perhaps the greatest change takes place in the kidneys. With regard to the simultaneous occurrence of the cardio-vascular and kidney changes, let me state another proposition, which I think explains the not unfrequent occurrence of one set of changes without the other. *The cardio-vascular changes vary inversely, and the glandular directly, with the intensity of the blood-poison or constitutional tendency to the disease.* Thus, if the blood condition is intense, the glandular changes are acute or subacute, as the case may be, while the cardio-vascular changes are found to be slight at death, for they have not had time to develop themselves. If the blood condition or constitutional tendency is well marked but chronic, the changes will fall on both sets of organs alike, and the typical combination of both sets of changes is found after death; whereas, if the blood condition be slight, the cardio-vascular changes take place gradually and last for a long time, while the glandular organs have but little stress put upon them and suffer but slightly accordingly; hence they may be found of almost normal appearance at death. This, I think, explains those cases of so-called arterio-capillary fibrosis in which hypertrophy of the heart and changes in the vessels are found, but without much perceptible change in the kidney. Cases such as these I have not included in my table, as they did not possess granular kidneys, although I believe that they should all be included under the term chronic Bright's disease. Hearts do not hypertrophy nor vessels thicken without a cause, any more than bladders or intestines do. I know of no other explanation that can be offered for such cases as those which I will briefly quote as examples of what I mean.

No. 248 (1876).—A woman aged sixty. Left hemiplegia. Irregular heart; systolic apex bruit. Post-mortem examination: Cerebral hæmorrhages, old and recent. Great degeneration of vessels. Heart 14 oz., "healthy." Kidneys 14 oz., "healthy."

No. 64 (1875).—A man aged fifty. Admitted for osteo-arthritis, developed symptoms of strangulated hernia, which was returned easily, but *en masse*. Early peritonitis and death. Post-mortem examination: Heart 15½ oz., "healthy," except for slight thickening about the corpora Arantii of the aortic valves. Aorta dilated to nearly twice the size of a healthy vessel. Its walls were very thin, notwithstanding the coats were not manifestly diseased. Vessels generally rather thick. Kidneys 11½ oz. Capsules very adherent, "but they were good organs." Several of the joints severely affected with rheumatic arthritis.

No. 34 (1875).—A man aged fifty-six. Troubled occasionally with "rheumatism." Never had rheumatic fever. Gonorrhœa when young, followed by stricture. Retention of urine by tight phimosis. Circumcision. Sloughing; prostatic cellulitis; pyæmia and death. Post-mortem examination: Heart 17 oz.; left ventricle thick. Slight atheroma about valves, which were otherwise good. Kidneys 13 oz. Capsules adherent, and leaving a slightly granular surface behind. "On the whole, however, they were good organs. Cortex good. No dimplings indicative of previous inflammation."

Many similar cases might be quoted. Although no microscopic examination of these kidneys is recorded, still their weight indicates that they did not belong to the common class of contracted granular kidneys; though possibly some change might have been found in them, they cannot be said to have been affected in fair proportion to the cardio-vascular changes. The weight of the heart in each of these cases proves its hypertrophy, for a heart of 14 oz. in a woman, or 15½ oz. in a man, can scarcely be called healthy in either case.

There are other signs of the existence of high pressure during life discoverable in the heart after death, besides that of hypertrophy and dilatation; although they are not mentioned usually in post-mortem reports, I have found them remarkably constant. There is the usual thickening and opaque appearance of the valves, together with thickening and shortening of the chordæ tendineæ commonly seen in hypertrophied hearts. But in addition to this there will be found what may be called "hinge-lines" to the valves; these are seen in the aortic valves as a thickening, somewhat like atheroma, along their attached margins; in the mitral, as a perfectly straight horizontal line of thickening upon the anterior flap about the junction of its upper third with the lower two-thirds; it has the appearance of being ruled across the valve, and seems to occur at the point where the valve would bend—namely, at the point of insertion of the auricular muscular fibres. If the valve is much thickened this line may be seen as a fold across it. These "hinge-lines" I have found repeatedly in cases in which there have been no other signs of atheroma visible in the heart and aorta, or only a very slight amount of it, but in which I have observed high arterial pressure during life. True atheroma or endarteritis appears to depend altogether on other conditions; my impression is that it is more commonly absent than present in chronic Bright's disease, and that the cases in which it occurs are those especially of gout, rheumatic arthritis, or syphilis.

(To be continued.)

A CASE OF DISLOCATION OF THE HIP;

REDUCTION THIRTY-SIX HOURS AFTERWARDS BY BIGELOW'S METHOD.

BY F. ORMROD, L.R.C.S., L.R.C.P. ED.

FOLLOWING the suggestion in Mr. Rivington's article on this subject in THE LANCET of Sept. 7th and 21st, 1878, I offer the following note of a case recently under my own observation.

J. H——, aged fifty, a miner, was at work on the night of October 4th, 1878, and whilst in the act of pushing a heavily laden tub up an incline a large quantity of stone fell from the roof of the mine, a height of four or five feet, upon his back, half burying him in the débris. As the weight settled upon his back, it forced him to the floor of the mine, to use his own term, "all of a heap." He was released as soon as possible and conveyed home. I saw him two hour later, and found him lying on his right side, with the left thigh flexed and adducted so that the left knee rested over the middle of the right thigh; the left leg was flexed and the foot inverted. The attempt to restore the limb to its normal position caused great pain. The left limb was two inches shorter than the right. On the dorsum of the ilium was a hard tumour, and anterior and superior to this a depression could be felt. My diagnosis was dislocation of the hip behind and somewhat below the acetabulum. Being five miles from home, in the middle of the night, and without the slightest warning of the nature of the case, I was not well prepared for such an accident. However, I tried manipulation—flexing, circumducting, and extending the limb; but this did not succeed, and caused such ex-

excruciating pain that, at the patient's request, I was obliged to desist. So, placing the man in as comfortable a position as I could, after ordering hot fomentations to be constantly applied, I went home, intending to return with chloroform and try again. But I did not return as I intended, being kept by an urgent case in another direction. My partner, Mr. Douglas, saw him for me, and, finding the man pretty comfortable, arranged that we should see him together the following morning. This we did, and found matters much as I had left them. Chloroform having been administered by Mr. Douglas, I proceeded to attempt reduction nearly in the manner described by Dr. Bigelow in his papers (*vide* THE LANCET, June 15th and 29th, 1878). Having turned the man on his back, I placed my foot on the anterior superior spine of the ilium, expecting to have to use considerable force, and, bending the thigh to a right angle with the trunk, I grasped the ankle and knee and lifted the limb straight up. *Instantly* the head of the femur returned to the acetabulum. As near as I can tell, the force exerted would raise about thirty pounds from the ground. A long splint was applied for about ten days, and then removed, and the man went about on crutches.

This case illustrates the extreme ease and simplicity of Bigelow's method, as recently enunciated, compared with the elaborate directions formerly given. Seeing such cases so seldom, one is apt to forget the more complex formula of "flexion, a little inward rotation, then abduction of the thigh, circumduction and rotation outwards."[1] Even the concise directions, "Lift up, bend out, roll out," do not always come to the memory of the operator when wanted. The mechanism of the accident is of interest, and it agrees with the case of Pierre Guilleminot, quoted by Mr. Rivington from Dupuytren. My patient was pushing a heavily-laden tub up an incline; his right leg was extended and his left advanced; consequently the left thigh was flexed; it was adducted also. This can be demonstrated by placing the body in the position indicated, and attempting to push a heavy weight. The foot is turned on its outer edge to obtain a better grip of the ground, and the one thigh is carried somewhat across the other.

Workington.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. MARY'S HOSPITAL.

ANCHYLOSIS OF THE RIGHT HIP-JOINT AT A RIGHT ANGLE; SUBCUTANEOUS OSTEOTOMY BELOW THE TROCHANTER MINOR; RECOVERY.

(Under the care of Mr. A. T. NORTON.)

ROSE J——, aged fifteen years, stated that she had always been delicate, and was always compelled to protect herself carefully from cold. Was wet through on a chilly day when eight years old, and in the course of a day or two felt pain in the right hip-joint, which prevented her walking. She attended at Charing-cross Hospital as an out-patient, and was there advised to be kept in bed and to have a weight applied to the foot. She remained in bed for two months, but the weight was not applied. She then walked about with crutches, and afterwards with a stick only, until six months ago. She had for some years suffered from a persistent sanious discharge from both ears until her first catamenial period, which occurred about a month before her admission.

On admission, the right thigh was anchylosed and flexed at almost a right angle to the body. There was extensive induration deep in the base of Scarpa's triangle. She walked by means of a stick, bringing the great toe to the ground, and carving the lumbar vertebræ so as to make the pelvis project as a curious and painful deformity.

On October 9th the patient was taken into the operating theatre in order to undergo the operation of subcutaneous osteotomy below the trochanter minor. Chloroform having been administered, two members of the staff considered that, as by the employment of a considerable amount of force a slight giving of the joint could be detected, it was not justifiable to divide the bone without first attempting to break down the adhesions. Mr. Norton, and afterwards Mr. Owen, then attempted to move the joint by forcible flexion and extension, but with little or no effect. As there was a considerable amount of induration in front of the hip-joint, tenotomy of the rectus was performed, and in doing this the cavity of an old abscess was opened, from which about two drachms of almost solid cheesy matter was removed.

It was not considered advisable to perform any further operation, and the patient was removed. An ice-bag was applied. The following day the temperature rose to 100°, and in two days' time to 101°, after which it oscillated for a week, falling each morning about 1·5°, and rising at night. About this time the tenotomy wound, which had been discharging thick grumous pus, healed, and the patient was considered convalescent.

On Nov. 20th the patient was again taken into the theatre, and Mr. Norton exhibited a femur exactly the same length as that of the patient, on which he marked off a point corresponding to a little below the trochanter minor. The left index-finger was then applied over a corresponding point upon the patient's femur to the outer side, and a little behind the bone. The skin was then drawn downwards for the purpose of making a valve-like incision, and a long straight bistoury passed down to the bone. The chisel was passed down to the bone along the bistoury, which was then withdrawn. In the position in which the incision was made the chisel was used first to divide the linea aspera and the outer side of the bone and the rest was carefully fractured with force very steadily applied. Only a few drops of blood escaped, not half a drachm in all. A pad was applied over the wound, ice-bags were placed around the thigh, and the limb was fixed in a straight position by a Liston's splint. When the limb was straightened it was found that the skin was dangerously tense, owing to the indurations at the base of Scarpa's triangle, and this mass was cut through subcutaneously with a tenotomy knife.

The wound healed without any discharge; the highest temperature reached was 99° on the third day after the operation. There was no pain, no alteration in the appetite, and, after six weeks, the bone fragments had united with shortening of an inch and a half, remedied by the use of a boot with false heel and sole. Beyond the limping gait there is nothing noticeable. The patient is upright, and the stride of the right leg during progression is of the same length as that taken by the left.

Mr. Norton said that instances must be extremely rare in which it would be possible to break down the attachments in an anchylosed hip. Of course, no one would suggest breaking down a bony anchylosis of hip, and cases of fibrous anchylosis were not common. But even in fibrous anchylosis attachments must of necessity be firm, owing to the shape and character of the joint, so much bone being in contact with and literally enclosed by the acetabulum. In the present case there was, in addition, so much cicatricial tissue in front of the joint, evidenced by induration and puckering, that he had from the first considered it impracticable to alter the position of the joint by force. It was curious, though perhaps unimportant, that on attempting to cut through the induration in front of the joint cheese-like matter had escaped, evidently the contents of an old abscess which had possibly existed since the disease was acute, nearly eight years previously. As regards the choice of operation among the forms of subcutaneous osteotomy, he had no hesitation in selecting the one which he had performed, for Mr. Adams's operation—section through the neck of the bone, though the preferable operation, inasmuch as the normal length of the limb is retained—would have proved unserviceable in this case, owing to the amount of cicatricial tissue in front of the joint, which would not have allowed the shaft of bone to descend had the neck been severed. There was, therefore, no alternative but to cut through the shaft below the lesser trochanter, and he was glad to be able to record the very complete success of the operation.

[1] Druitt, 10th edition, p. 283.

SAMARITAN HOSPITAL.

CASE OF CHRONIC CHOREA TREATED WITH HYPODERMIC INJECTIONS OF CURARA, AND AFTERWARDS WITH LARGE DOSES OF SULPHATE OF ZINC.

(Under the care of Dr. DAY.)

A. M——, aged eleven, a slender girl of excitable temperament, first came under care at the hospital, with more or less general chorea, on October 18th, 1875. Her history was in favour of nervous disease. She was one of four children, two of them having died of convulsions when twelve months old. The father was said to be consumptive. The mother was much frightened during her pregnancy with this child. In the year 1873 the patient had slight chorea; she was sent into the country, and soon recovered. She had never had rheumatism, but she had been underfed for a long time, and within the last fourteen days the muscular agitation had returned. She had been three times admitted into one institution, deriving temporary benefit on each occasion. The attacks generally came on in November. Her mother could tell from her spiteful and irritable manner when a seizure was threatening.

On admission, the agitation was not more on one side of the body than on the other; the arms and legs were not at rest for half a minute, and when she was observed the movement increased. She carried first one hand and then the other to her mouth, twisting it in clown-like forms, protruding her tongue and rolling her head from side to side. She swallowed food very well. A patient in the same ward, suffering from a severe attack of chorea, with enfeebled mental faculties, may have excited this patient and made her condition worse. The patient was pale and dark under the eyes, but her tongue was clean, her pulse quiet, and the heart's sounds normal. She was ordered a diet of milk, beef-tea, and eggs, and the following mixture three times a day:—Five grains of bromide of potassium, four grains of citrate of ammonia and iron, and two drops of arsenical solution, in cinnamon-water.

On Nov. 5th the patient was quieter, and had slept better; the heart's action was now occasionally irregular and intermittent. Ordered five grains of hydrate of chloral in water every night at bedtime; the medicine to be continued during the day.

On the 19th the movements were abated. To have two ounces of port wine daily, and a teaspoonful of cod-liver oil three times a day after meals. To omit chloral and continue the iron and bromide mixture.

On Dec. 14th there was no sign of any choreic movements; the first sound of the heart was a little blowing and prolonged over the apex, but this was evidently from debility. She had been sleeping well after chloral. She left, apparently well, on Dec. 18th.

In August, 1877, when at a convalescent home, she was frightened by some one saying that a mouse was under her bed. She was seized at once, losing the use of her limbs, so that she could not stand, and the power of speech. She was admitted into a metropolitan hospital, and after a sojourn of two months came out nearly well.

She was readmitted into the Samaritan Hospital on Jan. 11th, 1878, when the right side of the body was chiefly affected; she was constantly putting her hands behind her, and her fingers incessantly moved. She had rather a sly and timid look, turning her face aside when spoken to; her mouth was in constant motion, and she could not exercise enough control to keep her hand quiet an instant; heart's sounds were healthy; pulse quiet; bowels regular; temperature normal; the urine was turbid, sp. gr. 1030, and contained copious lithates. She was ordered bromide of potassium, and citrate of potash with bark.

On the 16th the movements and jactitation were less. When looked at, the movements increased, and she turned away apparently in disgust, and made more grimaces. Urine still cloudy. A powder of sulphate of potash and rhubarb was ordered early every morning; steel wine and arsenic to be taken three times a day.

On Feb. 1st she was somewhat quieter and slept well; urine clear. To take a drachm of the juice of conium three times a day, and omit all other medicines.

On the 4th, as no effect had been produced by the conium, the dose was increased to two drachms thrice daily, and on the following day it was increased to two drachms every four hours. Bowels acted twice a day; pulse 76. Even this dose failed to produce an appreciable result. During the 6th and 7th she took fifteen drachms of the juice without any effect. On the 7th the chief movement observed was in the mouth and fingers; the heart's action was weak, but regular; pulse 80; urine clear. To omit the conium, and to take five grains of bromide of potassium and thirty drops of syrup of phosphate of iron three times a day.

On the 12th the movements were the same. Three grains of sulphate of zinc three times a day were ordered.

On March 10th the patient left the hospital relieved.

Note.—Dr. Day remarked at the time of admission that the patient's case was probably one of chronic chorea or muscular agitation which might become permanent, or, if not permanent, unlikely to derive any further benefit from treatment. The chief thing was to maintain, as far as possible, the general health, and to avoid the strain of school, the patient probably throwing off the disease altogether as she reached puberty.

She was re-admitted on Oct. 2nd, 1878. She remained tolerably well till the previous August, when she became worse again; this being the fifth attack, if it may be so called, though the patient had never really been quiet or capable of exercising complete control over the muscles. This time there was general chorea; the hands, mouth, and limbs were in constant motion, but she could protrude her tongue, and keep it out without biting it; she swallowed her food well; the bowels were regular. The heart was a little more excited in action, and a soft rather prolonged systolic sound was heard over the apex. The urine was pinkish and turbid, containing copious lithates, but no albumin. Sp. gr. 1030. To remain in bed and to have a diet of milk, beef-tea, and eggs. To have five grains of the hypophosphite of soda in half a drachm of syrup of phosphate of iron three times a day.

On the 15th there was no change whatever; the least excitement, as laughing, made her very fidgety. To omit all medicines by the mouth. At 4.15 one-sixtieth of a grain of curara was injected into the right forearm.[1]

Next day there was apparently no effect; pulse 72, regular; respiration quiet. At 11 A.M. one-fortieth of a grain was injected. At 2.30 P.M. one-thirtieth of a grain was injected into the left arm. She was much quieter after the injection, and at 6.45 P.M. was lying still and inclined to sleep; the limbs perfectly quiet; pulse 80. She had a good night and slept well.

On the 17th at 10.15 A.M. there was a little agitation of the arms, but not of the legs; the facial muscles equally active. One-twentieth of a grain was injected. The movements were not entirely controlled by the injection, and at 6.45 P.M. one-tenth of a grain was injected. She slept well.

On the 18th, at 10 A.M., she was quite steady in legs and arms; one-tenth of a grain injected. She was very quiet and calm during the rest of the day, the countenance being remarkably placid.

On the 19th, at 2 P.M., all the voluntary muscles were quiet. One-tenth of a grain injected.

On the 20th no injection was used, as she was so quiet in the morning, but at 2 P.M. her arms and legs became a little more restless and agitated; and next day the mouth, legs, and arms were in as much motion as ever. The drug had kept her quiet for twenty-four hours, and then its effect had passed away. To have three grains of sulphate of zinc in half an ounce of water three times a day, and to increase the dose one grain daily.

On the 26th she had fourteen grains of sulphate of zinc. The urine was of a pale-straw colour, sp. gr. 1030, nearly alkaline, and containing copious phosphates. On the 29th she had eighteen grains, and was much quieter; the dose had not caused sickness, nor affected the appetite in any way. On the 30th she had twenty-eight grains without sickness or other inconvenience; and on the 31st she had twenty-eight grains in half an ounce of water, three times a day. The appetite was excellent; bowels regular. She spoke distinctly, and her expression was more sensible. She was still in bed.

On Nov. 2nd she took eighty grains of sulphate of zinc in two doses, without causing the slightest sickness or discomfort. She was perfectly quiet, urine clouded with lithates, acid, sp. gr. 1030. She got up. On the following day she resumed twenty-grain doses three times a day. Urine clear, sp. gr. 1020. On the 5th she could not keep

[1] See the report of an obstinate case of general chorea cured by the subcutaneous injection of curara, by Dr. Drummond, of Newcastle-on-Tyne.—Brit. Med. Journal, June 15th, 1878, p. 857.

perfectly quiet, there being a little agitation in the fingers. Urine again contained lithates, sp. gr. 1030. She walked well. To take forty grains of the zinc in an ounce of water twice a day.

She took an ounce of the mixture twice a day from the 5th until the 9th without causing sickness, nausea, or loss of appetite. On the latter day she walked well, and might be said to be cured, though if she were agitated or excited some slight motion of the mouth and fingers was observed. She went to a convalescent home at Brighton.

Remarks by Dr. DAY.—Chorea has hitherto been regarded as a purely spinal disease, but the association of mouth movements with movements of the limbs gives it rather a cerebral aspect. The experiments of Hitzig and of Ferrier show that the centres for movements of the mouth and limbs lie close together in the motor area of the brain. The hypothesis then suggests itself that chorea may be the result of a rippling discharge from the motor centres lying around the fissure of Rolando. Let it be observed that, so far as treatment went, this was in some respects a satisfactory and instructive case, and there was much to be learned from it. Chronic chorea, in girls especially, may yield to treatment from time to time till the catamenial period is established, and then cease to recur in after life. I have seen lately a most obstinate case of chronic general chorea in a girl of fifteen who has not menstruated; drugs and rest mitigate the excessive muscular agitation for a time, but it soon returns if she works, or attempts to exert her mind. Menstruation will, therefore, be looked forward to with interest. Sulphate of zinc, in five-grain doses three times a day, has been of most service. If we look at the drugs employed in the case before us, we shall notice that iron, bromide of potassium, and arsenic failed. Then fifteen drachms of the juice of conium were given in twenty-four hours without producing any effect—a result which should induce us to inquire into the mode of preparation of the tincture, whether made from fresh or from stale leaves, as possibly our disappointment may have occured from this cause. On the other hand, we know that the toleration of conium varies very much in different persons; some individuals can take huge doses without any apparent effect. Subsequently the patient derived some benefit from sulphate of zinc in doses of three grains three times a day, and after taking it for five days she left the hospital relieved.

On readmission, I determined to try the effect of curara hypodermically injected. The remedy consists of small, square discs, dissolved in two or three drops of water in a spoon, and then drawn up the syringe. Such discs are prepared by Savory and Moore, and they are certainly very trustworthy. You will judge of the effect. The smallest quantity that controlled movement was one-thirtieth of a grain, and this succeeded for about eighteen hours; the next dose, of one-twentieth of a grain, appeared to have little effect, but one-tenth of a grain was decided in its effects; it calmed and improved the patient in every way for thirty hours. At the end of this time its effects passed off, and I desisted from pushing the remedy further, because its beneficial results were but transient and the slight puncture in the arm terrified the child.

Then as to sulphate of zinc. There are cases which undoubtedly yield to large doses of this drug, and it is astonishing the quantity that can be tolerated without producing nausea, loss of appetite, or any discomfort; it appears to cause a great deposit of phosphates in the urine. The patient we have under notice certainly benefited more from sulphate of zinc on both occasions than from any other treatment.

Will the good derived continue now that she is gone to a convalescent home? I cannot attempt to foretell what her future will be, but I shall communicate the result when I get a report.

LIVERPOOL ROYAL INFIRMARY.

SIMULTANEOUS AMPUTATION OF THE THIGH AND LEG FOR A RAILWAY SMASH; CONCUSSION WITH FRACTURE OF THE SKULL; SECONDARY HÆMORRHAGE; DEATH.

(Under the care of Mr. REGINALD HARRISON.)

FOR the notes of the following case we are indebted to Mr. Marben.

W. H——, aged nineteen, was admitted on Nov. 27th, 1878, having been found on a line of railway in the neighbourhood of Liverpool with his leg and arm completely smashed. On admission, in addition to the injuries described, an extensive scalp wound, exposing a slightly depressed fracture running along the right parietal bone, was found. The patient was much collapsed. Though insensible, the breathing was not stertorous, and there were no signs of brain pressure from the depressed portion of bone.

Having regard to his age and the other circumstances of the case, Mr. Harrison decided to operate, arranging that, whilst he amputated through the middle of the thigh, his house-surgeon, Mr. Rose, should remove the arm just above the elbow. By means of an Esmarch bandage the operations were rendered almost bloodless, and on the patient being placed in bed his condition was in no way worse for what had been done.

For ten days the patient remained in a semi-conscious condition, taking fluid food freely, and at times indistinctly answering questions that were put to him. There was a want of action about the stumps, but no unfavourable symptom occurred until Dec. 7th (the eleventh day), when sharp arterial hæmorrhage from the thigh took place. This unfortunately proved to be the turning point in the case, as, though the artery was promptly secured, the patient never rallied, and died on the following day.

At the post-mortem examination a very imperfectly-formed clot was found in the femoral artery, reparative action being evidently, from the extent of the injuries, exceedingly feeble.

In commenting upon the case, Mr. Harrison said that he thought amputation was justifiable, provided it could be done with the smallest amount of shock and loss of blood. The fracture of the skull was not of such a nature as to render amputation inadmissible, and the progress of the case after the operation certainly justified this conclusion. Simultaneous amputation was employed as reducing the shock to the smallest space of time. Mr. Harrison thought that if the two amputations were successively performed, the length of time during which the patient would be under the influence of the anæsthetic, together with the prolonged exposure and manipulation, would most certainly remove the slight hope there was of saving the patient's life. Though the patient may be said to have recovered from the effects of the operation, his extremely feeble condition was such as to interfere with those processes of repair which are essential to the proper occlusion of the divided arteries. It should be said that carbolic ligatures, cut short, were used.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Hypertrophic Cirrhosis of Liver.—Perforating Ulcer of Ileum following Ovariotomy.—Elephantiasis Arabum.—Blood Cyst.—Mucous Cyst from Knee.—Tumour of Scapula.—Molluscum fibrosum.

THE ordinary meeting of this Society was held on the 18th inst., the President (Mr. Jonathan Hutchinson) in the chair. The occurrence of perforating ulcer of the intestine determined by obstruction of the bowel, and the nature of elephantiasis Arabum, were the chief subjects discussed, arising out of communications by Mr. Doran and Sir Joseph Fayrer respectively.

The PRESIDENT announced that at the second meeting in March a discussion would be opened by Dr. Dickinson upon Lardaceous Disease, in reference to its anatomical distribution and pathological relations; and he requested that members intending to speak would send in their names to the secretaries.

The report of the Morbid Growths Committee upon Dr. Hoggan's specimens of the Skin in Leprosy was read by Dr. GOODHART. The committee confirmed the exhibitor's interpretation of the appearances exhibited by the specimen.

Dr. GREENFIELD exhibited for Dr. Saundby specimens and drawings illustrative of Hypertrophic Cirrhosis of the Liver. In his communication Dr. Saundby referred to the fact that M. Charcot, in his published lectures on Diseases

of the Liver, had adopted the views first published by M. Hanot as to a form of hypertrophic cirrhosis characterised clinically by enlargement of the liver, jaundice, and the absence of ascites, where the organ is uniformly enlarged, smooth, dense, yellowish or olive-green in colour, with marked evidence of angiocholitis or periangiocholitis, the characteristic appearances microscopically being held to consist in the growth of new biliary vessels in the midst of the cirrhotic tissue. After pointing out that the doctrine of a biliary cirrhosis was entertained by Rokitansky, rejected by Frerichs, and rendered probable by the experiments of Wickham Legg upon the effects on the liver of artificial occlusion of the bile-ducts, the writer stated that Charcot and Gombault, in repeating Legg's experiments, had found the condition set up by such occlusion of the main ducts to be essentially this form of cirrhosis. His own observations of four cases of the disease showed that the change in question was not a constant one, nor was it peculiar to cases of cirrhosis with jaundice, but that it took place in other forms of cirrhosis.—Dr. SAUNDBY said, after reading the writings of the authors above named, he resolved to investigate the subject, and examined every liver that came under his observation. He met with one well-marked case, in which the clinical course and the general microscopical characters of the liver accorded with Hanot's "cirrhose hypertrophique avec ictère," but on microscopical examination the multiplication of biliary canaliculi described by Hanot and others could not be found. Still, after a year's keeping the specimens seemed to show some traces of this change. In a second case, one of acute tuberculosis, but with no history of jaundice, there was "hypertrophic cirrhosis" of the liver, which was also studded with grey granulations. In a third case, one of phthisis, the enlarged liver showed very well the appearance of new growth of biliary canaliculi. He had also met with a fourth case, and from these observations concluded that a typical case running the typical course described by Hanot might not present the anatomical characteristics he had deemed essential; whilst these anatomical changes might occur in cases which did not run the typical clinical course. His paper had been sent in some months ago, and only last month a writer in Virchow's "Archiv," going over the same ground, had arrived at much the same conclusion, finding the growth of biliary vessels in other forms of cirrhosis, especially in tuberculous subjects, as well as in atrophic cirrhosis from alcoholism or syphilis.—Dr. S. WEST had described two cases of "hypertrophic cirrhosis" in St. Bartholomew's Hospital Reports for 1877. One was a case of a child six years of age, in which the disease ran the course of acute yellow atrophy, and the second was one of epithelial growth occluding the orifice of the common bile-duct, and leading to irritative changes in the ducts within the liver—changes characteristic of "hypertrophic cirrhosis."

Mr. ALBAN DORAN showed a specimen of Perforating Ulcer of the Intestine after Ovariotomy. The patient was twenty-six years of age. Last autumn she was seized with symptoms of peritonitis, at first mistaken for typhoid; and later she was found by Mr. Manser, of Tunbridge Wells, to have a large fluctuating tumour in the abdomen. Subsequently she was seen by Mr. Spencer Wells and Dr. Bantock, who had no doubt the tumour was an ovarian cyst. In December Dr. Bantock performed ovariotomy, removing a large suppurating ovarian cyst, to the posterior wall of which the last five or six inches of the ileum had become firmly adherent. The adhesions were detached and the cyst removed. Vomiting occurred on the night after operation, and on the fourth day the temperature rose to 101·4°, and on the sixth day to 102°. The abdominal sutures were removed on the seventh day, and the case seemed going on well, when on the evening of the eighth day she was seized with severe epigastric pain, became collapsed, and died in a few hours. The peritoneal cavity was found full of fluid fæces, which proceeded from an ulcerated aperture in a portion of the bowel which had become slightly adherent to the abdominal wall. The ulceration was met with some distance above that part of the ileum which had formerly been adherent to the ovarian cyst, but which had now become matted to other coils, and by the distension of the gut above had become sharply twisted, leading to almost complete obstruction. The mucous membrane was much inflamed, especially along the lines of the bloodvessels and the edges of the valvulæ conniventes, but there was no trace of enlargement of Peyer's glands. Nor were there any sloughs, as in a case related by Mr. Baker, of perforation following obstruction due to strangulated hernia, so that it appeared that the ulceration was due to simple inflammation increased by the obstruction beyond.—Mr. HOWSE said it was rather strange that such a condition as this did not more frequently occur in ovariotomy cases. A patient, thirty-six years of age, came under his care with a large ovarian cyst, having six months previously suffered from severe vomiting and peritonitis. When her health improved, he performed the operation and removed two large cysts, one on each side. There were no adhesions, except a few parietal ones. After some days the vomiting recurred, with symptoms of obstruction, which he thought might be due to peritonitis in spite of the strict antiseptic precautions followed. She died, and there was found a coil of intestine, nine inches from the ileo-cæcal valve, bent on itself and adherent to the surrounding coils, whilst at one part the wall of the gut was sloughing. The adhesions were old enough to have been the result of the attack of peritonitis twelve months previously; and he attributed the obstruction to the disturbance of the relation of parts caused by the removal of the ovarian cysts acting on the adherent coils.—In reply to Dr. Longhurst, Mr. DORAN said that the perforating ulcer in his case was quite twelve inches above the point of obstruction.—Dr. GOODHART, speaking of the mode of production of these perforating ulcers, said that although in this case it might have been due to simple distension of the bowel, yet sometimes they depended on obstruction of vessels in the mesentery. In a case of umbilical hernia there was extensive plugging of mesenteric vessels, and several ulcers in the intestine; and in a case of a child with tubercular peritonitis he had examined a few days ago, a piece of omentum in the left loin had passed over and constricted the bowel, causing obstruction in the mesenteric vessels with consequent congestion, and rapidly perforating ulceration of the portion of intestine implicated. The ulceration might take place in two ways—either (as Rokitansky suggests with regard to gastric ulcer) by congestion and then necrotic changes, or by erosion from gastric juice.—Mr. MORRANT BAKER said that as Mr. Howse had wondered that this condition did not more often follow ovariotomy, he also thought it was surprising that it did not frequently complicate strangulated hernia. In the case to which Mr. Doran had alluded, which he (Mr. Baker) had brought before the Society, death occurred from ulceration of the intestine at a point above a strangulated hernia. To explain the occurrence of the perforation, Mr. Baker was driven to believe that possibly some simple form of ulceration, which otherwise would be harmless, had gone on to perforation from the disturbance induced by the strangulation of the bowel below.—Dr. BANTOCK said that Mr. Doran had clearly made out that the ulceration was not due to typhoid fever, and that the suppuration of the cyst was the cause of the adhesion, which, indeed, was the case in 99 cases out of 100. The patient was thought to be suffering from gastro-enteric catarrh after the operation, but she was going on hopefully up till the day of her death. At the post-mortem examination the walls of the intestine were found to be extremely softened. Obstruction of the intestine after ovariotomy was not uncommon, and he had known a case where the obstruction occurred in the colon, acutely bent by bands of adhesion.—Mr. EWART referred to a case at St. George's Hospital of perforation of the cæcum from ulceration dependent on fæcal accumulation, due to obstruction in the colon. He also recalled a case in which plugging of a large branch of the mesenteric artery by an embolus led to gangrene of about a foot of the intestine.—Mr. DORAN, in reply, said that he thought the ulceration in his case depended on the debilitated state of the patient.

Sir JOSEPH FAYRER exhibited two specimens of Elephantiasis Arabum, for which he was indebted to Professor Partridge, of Calcutta. They illustrated the "simple" and "nævoid" forms of this condition, and both involved the scrotum. One was a typical specimen of lymph-scrotum, from a young man, a native of Hyderabad, but who had lived for ten years in Calcutta. He was subject to febrile attacks, when a milky or sero-sanguinolent fluid oozed away from the altered skin. Professor Partridge removed the growth by the bloodless method, and the case did well. The second specimen was larger, weighing over 3lb.; it was of the ordinary form of elephantiasis, and was removed from a Hindoo, thirty-two years of age. Professor Partridge had examined the fluid from the first case, but had found no filariæ in it. Sir Joseph said these forms of elephantiasis

were especially frequent in some parts of Bengal, and he had brought the specimens forward as illustrations of lymphatic diseases supplementary to the series shown at the Society last year. Recent investigations tended to show that, if not caused by the filaria, they were almost always associated with its presence in the blood, as shown by Lewis in Calcutta. He also referred to Manson's discovery, that the mosquito acts as an intermediary host of this parasite. Mr. D'Arcy Power had made a careful microscopical examination of these specimens, and his preparations were before the Society. The larger tumour did not show any material change in the epidermis, but great thickening of the subcutaneous connective tissue, which was pervaded by numerous bands of unstriped muscular fibre dispersed transversely and vertically, as well as numerous free nuclei. The tissue was compact, and mainly destitute of fat; the hairs and their follicles normal; sweat-glands of large size; bloodvessels numerous and large, and the lymphatic channels dilated and abundant. The smaller tumour also showed considerable hypertrophy of the subcutaneous connective, and hypertrophy of the hair-follicles, sebaceous and sweat glands. The bloodvessels and lymphatic channels were large, the latter containing numerous small refracting angular bodies staining deeply by reagents. The specimen was carefully examined for filariæ, and Mr. Henry Power, Dr. Cobbold, and Mr. Macnamara had also seen the specimens. It was suggested that the numerous small semicircular bodies, about the diameter of red blood-corpuscles, met with in the second case in the lymphatic channels, might be transverse sections of filariæ. If so, the number of these organisms present must be very large. Sir Joseph concluded by asking that the specimens might be referred to the Morbid Growths Committee.—Dr. TILBURY FOX had recently had some typical cases of elephantiasis Arabum under his care in patients who had not been out of this country. No trace of filariæ could be found in the blood or tissues of these patients, and he himself thought the evidence upon which the view that the filaria caused this disease was based was very weak. Filariæ had not been found in elephantiasis apart from chyluria or chylo-derma. On the other hand, they had been found in a variety of different diseases, so that in China it was computed that they were present in one out of eight of the population. Bancroft had clearly shown that they could be the cause of certain abscesses, but those who held the view of their causing elephantiasis have to explain why they are absent in some cases and present in others. He was supported in his views by Dr. Druitt. The anatomical changes of the skin in the cases described agreed with those he had himself observed. He would especially note the great enlargement of the lymphatic vessels. — Sir JOSEPH FAYRER, in reply, stated that before the filaria was known to exist, it would have been said that the class of cases to which Dr. Fox alluded was not elephantiasis at all. For his own part, he had never given any particular adhesion to the view that the filaria was the *cause* of elephantiasis, but had always been careful to say that it was associated with both forms of the disease. He believed the difference between the simple and nævoid forms of elephantiasis to be one simply of degree, as the comparison between the microscopical specimens from the two instances exhibited would prove. He wished particularly to urge that all the facts about the filaria were yet unknown. No doubt other causes were at work in the production of elephantiasis, which may arise from a combination of different conditions. He concluded his remarks by urging that the labours of those who were working alone in India and China, under circumstances far different from those of workers at home, should be appreciated fairly and considerately.

Mr. GAY exhibited a Blood-cyst, which occupied the left side of the neck of a young man twenty-five years of age. It had grown for about five or six years, when it rapidly increased in size, and Mr. Gay thought its extirpation advisable. It lay beneath the sterno-mastoid muscle, behind the carotid artery, with which it was in contact, lying on the transverse processes of the cervical vertebræ, and attached above by a long process to the base of the skull. It was distinctly encapsuled, but during its removal it rapidly refilled with blood. Its interior was lined by a thin layer of blood-clot, and its walls were composed of delicate vascular fibrous tissue, but no cancerous elements were met with. Mr. Gay, enumerating the various forms of blood-tumours and blood-cysts described under one general head, pointed out how various were their modes of origin, and how necessary it was to break up the group into its constituent parts.

Mr. GAY also exhibited a Mucous Cyst connected with the external lateral ligament of the knee-joint of a man aged forty-five. The contents of the cyst were tenacious opaque yellow mucus. In reply to Mr. Baker, he said this cyst was certainly not synovial in origin.

Mr. HEATH showed a recent specimen of Tumour connected with the Scapula, for which he had excised that bone. The case was that of a young gentleman first seen by Mr. Heath in 1875, the patient then being nineteen years of age. He had then a tumour of the upper end of the humerus, which in 1877 had enlarged so much that Mr. Heath removed it. It was a large flat fibrous tumour, closely connected with the coracoid process (the tip of which was taken away with the growth), and it seemed to replace the pectoral muscle in great part. Mr. Heath did not see the patient again until last week, when he presented a large mass in the posterior triangle, in the axilla and in front. After consultation with Mr. Erichsen, it was decided to remove the scapula with the growth. Unfortunately, the patient died rather suddenly thirty-six hours after the operation. There were no secondary deposits in the viscera. The growth, which appeared to be almost entirely fibrous, with a few spindle-cells interspersed, had replaced the subscapular and supra-spinatus muscles, whilst the infra-spinatus was almost free from it. Its starting-point, whether periosteal or not, had not been clearly made out. The specimen was referred to the Morbid Growths Committee. In reply to Mr. Wood, Mr. Heath said that the arm was not removed.—Mr. WOOD said the case was similar to one which he had brought before the Society. The patient recovered from the operation, but succumbed to a recurrence of the growth, which in that case was cancerous in nature.

Mr. ROYES BELL showed a patient affected with Molluscum Fibrosum. The man was forty-three years of age, a stoker from Sunderland, and was under the care of Mr. Wood at King's College Hospital. There was no hereditary taint or history of cutaneous disease in his family. When he was three weeks old the left upper eyelid began to thicken, and the enlargement continued until it permanently concealed the eyeball. Nor were two attempts at its removal, when he was four years and fourteen years of age, successful. The sight of the eye is good, but the eyelid is converted into a thick soft growth, which hangs in folds over the upper part of the cheek. The eyelashes on it are scanty. The skin of the left side of the face and the upper lip are also thickened. The left thigh and leg are also the seats of similar growth, which hangs in large loose folds from the fold of the buttock to the heel. The growth began on the thigh when he was three years of age, and gradually extended down the leg, the mass on the thigh being larger than that on the calf. The tumour is soft, the skin covering it coarse-looking, and the orifices of the sweat-ducts very distinct on it. Scattered over the back of the trunk are small molluscous growths, from the size of a pea to a cherry. Mr. Wood had determined to remove the growth from the eyelid, and also part or all of that on the lower limb, encouraged in this by the good results of the similar cases related by Mr. Pollock. By the use of Esmarch's bandage and antiseptic precautions the result might be hopefully looked forward to. Mr. Bell said that he would bring forward the specimens after their removal, and also the results of microscopical examination of the growth.—The PRESIDENT asked whether the case was not one of pendulous hypertrophy of the skin. He had not seen the patient, but the description might answer to that condition. —Mr. WOOD said that he was at first inclined to take that view of the nature of the case; but in view of the presence of the multiple tumours elsewhere, and the close resemblance it bore to other cases, he considered it was an instance of molluscum fibrosum.

The Society then adjourned.

EPIDEMIOLOGICAL SOCIETY.

AT a meeting of this Society, held at University College on Feb. 5th, Surgeon-General John Murray, M.D., President, in the chair, Sir JOSEPH FAYRER read a paper on the "Relation of Filaria Sanguinis Hominis to Endemic Disease in India," published *in extenso* at pages 188 and 221.

In the discussion which followed the reading of the paper, Dr. COBBOLD, in speaking of the development of the filaria, stated that after passing into the stomach of the mosquito, it accomplished the first stage of its growth in thirty-six hours. The chrysalis stage, in which the tail is shortened, is also completed in thirty-six hours. In the third stage the anterior part of the body grows prodigiously, and the sexual organs commence. At the end of the fifth day the larvæ escape into the water from the mosquitos, and are then swallowed by man, pass into the blood, and subsequently into the lymphatics. At this period they are sexually mature.—Mr. POWER having spoken of the difficulty of recognising the filaria in the tissues of a tumour, as in cases of elephantiasis, Mr. MACNAMARA agreed with Mr. Power that under these circumstances the difficulty was considerable, but when present in the blood it could be easily seen, on account of its movements. Messrs. Twining and Breton, in the Transactions of the Medical and Physical Society of Calcutta, published in 1825, discussed the filaria fully, the impression being that in the case of horses affected with "worm in the eye," the paralysis of the hind limbs from which many of them suffered was due to the presence of entozoa in the muscular and nerve tissues of the lumbar region. It is remarkable that the same train of symptoms is mentioned by Sir Joseph Fayrer as occurring among dogs in China in whose blood hæmatozoa have been discovered. In 1863 Mr. Macnamara published an account of cases in which he removed a filaria from the anterior chamber of two natives; in one of these the filaria was three-quarters of an inch long. In 1836–37 one of the physicians deputed by the Government of India to examine into the circumstances of the Pali plague reported that the disease probably depended on animalculæ in the blood. Mr. Macnamara believed the causes of the Pali plague, whatever they were, were identical with those of the disease which at present exists in Astrakhan; and, from his experience of the Russians in the Volga, with regard to general and personal hygiene, he wondered how they could exist without the presence of constant pernicious fever among them. Referring to Dr. Bancroft's case of leprosy, in which this gentleman found filariæ in the patient's blood, Mr. Macnamara pointed out that the case occurred in Queensland, a semi-tropical climate, and containing a considerable Chinese population, among whom leprosy is known to exist. Dr. Hillebrandt accounts for the introduction of leprosy among the inhabitants of the Sandwich Islands by attributing it to the Chinese who had emigrated to Honolulu, and gives the case of a child, of pure European blood, living in Batavia, who suffered from leprosy two years after pricking himself with a needle which had been thrust into the skin of a child suffering from the disease.

Reviews and Notices of Books.

On Certain Points connected with Diabetes. Being the Croonian Lectures for the year 1878. By F. W. PAVY, M.D., F.R.S. London: J. and A. Churchill, New Burlington-street.

ENGLISH physiologists and pathologists ought to welcome this contribution of Dr. Pavy's, not merely from its intrinsic scientific value, but as an evidence that original research has not been altogether abandoned in this country, and that in one subject at least we are not likely to follow blindly in the wake of foreign investigators, but have courage to hold opinions of our own, based upon original experimental observation. As is well known, Dr. Pavy, shortly after Claude Bernard enunciated the "glycogenic theory," found occasion to differ very materially from the conclusions arrived at by that distinguished physiologist. The "glycogenic theory," as taught by Bernard and his school, contends that the liver is endowed with a glycogenic function, through the exercise of which sugar is constantly being formed within the body, independently of the starch and sugar ingested, and supplied to the circulation, and which ultimately is destroyed in the peripheral capillaries, chiefly of the muscles. Dr. Pavy, on the other hand, maintains that instead of the liver being a sugar-forming, it is a sugar-assimilating organ, and that during life in a healthy state only a very small quantity of sugar enters the blood from the liver. Dr. Pavy bases this conclusion chiefly on two important facts supported by experimental evidence:—1. That if the liver is placed at the moment of death in a condition to prevent a post-mortem formation of sugar, the liver is found to contain only a trace of sugar instead of the notable amount credited to it by the Bernardists. 2. That when proper precautions are taken the difference in the amount of sugar in venous and arterial blood is extremely small, the average amount of sugar per 1000 parts of blood, deduced from eleven observations, being 0·941 gramme for arterial blood, and 0·938 gramme for venous blood, giving an excess on the side of arterial blood of only 0·003 gramme. These quantitative estimations show that the quantity of sugar existing naturally in the blood is very small, and that the difference existing between venous and arterial blood is quite insignificant. Dr. Pavy has also shown that, corresponding with this small quantity of sugar in the blood, there is also a certain amount, something under 0·5 per 1000, present in the urine. The amount of sugar eliminated in health being thus expressive of the amount entering the circulation.

It will be seen how entirely, on these points, Dr. Pavy's conclusions differ from those obtained by Bernard, and this result is evidently obtained by the employment of a superior method of chemical analysis and greater precautions in dealing with the materials. Thus Bernard's method for estimating the amount of sugar contained in the liver during life is to plunge a piece of liver weighing twenty grammes into only sixty grammes of boiling water. Now it is readily conceivable that the temperature of this small body of water is cooled down for a short time by the mass of liver added, and the essential coagulative process being correspondingly retarded, the conversion of glycogen goes on for a time unchecked; thus a different result has been obtained from that of Dr. Pavy, who employs freezing as a method of checking the conversion of glycogen into sugar. These are questions of experimental fact which will no doubt ere long be definitely settled by other observers, and the accuracy and precision of the rival methods conclusively determined. In the mean time, however, Dr. Pavy has fairly answered the objections raised against his views by the Bernardists, and, in addition, has shown that his opponents have neglected many precautionary details in their experiments; moreover, we think that the generalisation he has advanced is quite warranted from the experimental facts adduced. This generalisation, stated in Dr. Pavy's own words, is that "the liver is essentially a sugar-assimilating, instead of a sugar-forming, organ; and that when its assimilative action is properly exerted, so little sugar is allowed to pass into the general circulation that the quantity existing in arterial blood is insufficient for rendering the urine more appreciably saccharine than is observed in the healthy state; but that when its assimilative action is not properly exerted, sugar is allowed to pass, and in proportion as it does so the urine acquires a more or less marked saccharine character." This generalisation, if supported by a confirmation of the experimental facts on which it is based, will have an important bearing on physiological and pathological questions connected with the hepatic functions generally. We congratulate Dr. Pavy on the clearness and terseness with which he has placed his views before the profession, and the dignified moderation with which he has answered the objections raised against his views. The Bernardists are now called upon to reply, and whilst we hope they will submit Dr. Pavy's experimental methods to a most rigorous investigation, we cannot but express a wish that the discussion may be carried on without painful personalities or rancour being imported into it.

OUR LIBRARY TABLE.

A Manual of Zoology. By HENRY A. NICHOLSON, M.D., &c., Professor of Natural History in the University of St. Andrews. Fifth Edition. 1878.—This work has not only undergone careful revision, but has been very considerably enlarged, the extension being effected without material increase in the size of the volume by relegating to smaller type those points which the author regards as of minor importance. The manual is now so well known, and its value so generally recognised as one of the very few accounts of the animal kingdom, as a whole, that we possess, that it is unnecessary we should make any observations upon its plan or arrangement. We would venture to suggest, however, to the author, whether it would not be advisable to give a somewhat more extended and complete account of a single type of each of the vertebrate classes. This part of the book has always appeared to us to be rather weak, and we think it would materially add to its value if the anatomy of those animals that are, or may, be employed in experimental researches were fully given. To give an example. The whole account of the amphibia is comprised in sixteen pages. Yet, with the exception of Professor Mivart's instructive little book on the Common Frog in the "Nature Series," the student cannot readily find any particulars of its organisation. To be sure, there is Professor Huxley's article in the "Encyclopædia Britannica," but that is not accessible to the majority of students, and it appears to us that, whilst such a description is much wanted, it need not occupy very much space.

The Journal of Mental Science. January, 1879.—Two serial papers are brought to a conclusion in this number. Dr. Ireland's discussion on the subject of Thought without Words and the Relation of Words to Thought, and Dr. Napier's translation of Eulenberg and Guttmann's Astley Cooper Essay on the Physiology and Pathology of the Sympathetic. An abstract of a paper by M. Mierzejewski, of St. Petersburg, is translated by Dr. Hack Tuke. Dr. Eccheverria discusses the relation of nocturnal epilepsy to somnambulism, and Dr. Hack Tuke reviews the phenomena of the so-called metalloscopy, as witnessed by him at the Salpétrière on two occasions, in both of which his belief in the correctness of the "expectant attention" explanation was strengthened. A series of clinical cases are recorded by Dr. Savage and others.

Bayley's Chemist's Pocket Book, 1879. pp. 421. London: E. & F. N. Spon.—This is an extremely useful little book for all who are engaged in literary work of a professional character. It contains carefully made-out tables of almost everything that a chemist can require to remember. The conversion of weights and of degrees of heat from one scale to another (one of which, the conversion of grammes into grains, contributed by Mr. W. Dawson, is amongst the most useful things we have seen, the result of about one thousand calculations being condensed into five pages); the strength of all kinds of solutions; the specific gravity of all sorts of mixtures; the atomic heats; the volumes, the melting, and boiling points of all the elementary bodies; logarithms of numbers from 0 to 1000; the composition of the principal minerals, and their behaviour with acids and alkalies and in the blowpipe flames; the proceedings to be adopted in the analysis of various substances; freezing mixtures; the vapour densities of many liquids; a wages table, and innumerable other details. In fact, the more frequently we turn over its pages, the more we are surprised at the quantity and variety, as well as the accuracy and usefulness, of the information contained in its pages. Yet it is a handy little book, four inches long, three inches wide, and one inch thick, which can easily be carried in the pocket. It seems ungracious, where so much is given, to say what is deficient, but we miss any table or reference to spectrum analysis, and there is no reference to the composition or boiling points or analysis of oils and fats. There is, however, a capital index, and it is hard indeed if the seeker do not find what he requires in this highly-condensed manual.

Atlas of Skin Diseases. By Dr. L. A. DUHRING. Parts III. and IV. Philadelphia: J. B. Lippincott and Co.—These additional sections of Dr. Duhring's Atlas are welcome contributions to dermatology. Part III. contains illustrations of eczema squamosum, of the erythematous and papular and pustular syphiloderm, and purpura simplex, all of which are most creditable to the artist, and very correctly represent the diseases they are intended to portray. Part IV. contains four plates, of vitiligo, alopecia areata, tinea favosa, and eczema rubrum respectively, and we cannot praise them too highly. We should have preferred the designation "leucoderma" in place of "vitiligo," the significance and use of which vary so much with different writers. The descriptive text of these two parts of the atlas is clear and eminently practical. Dr. Duhring has only to keep up to the same standard in plates and text in the succeeding parts to produce a work of solid utility to the practitioner.

Zeitschrift für Biologie. Band XIV; Heft IV.—The contents of this part are:—1. Dr. J. Soyka on the Influence of the Soil on the Decomposition of Organic Substances. 2. Dr. L. Lewin on the Relative Value of Spongy Iron Filters. 3. Dr. G. Wolffhügel on Carbonic Oxide and Cast-iron Ovens. 4. J. Bauer on the Metabolism of Albumen in Poisoning with Phosphorus. 5. Dr. Konrad Müller on the Excretion of Carbonic Anhydride by Man, with diminished Pulmonary Surface. 6. Dr. R. Emmerich on the Effects of Impure Water on Health.

HEALTH OF LARGE ENGLISH TOWNS IN THE SEVENTH WEEK OF 1879.

DURING last week 5417 births and 3558 deaths were registered in twenty of the largest English towns. The births exceeded by 235, and the deaths by 188, the average weekly numbers during 1878. Under the influence of higher temperature the deaths showed a decline of 457 from the high number returned in the previous week. The annual death-rate in the twenty towns, which had been equal to 26·7 and 28·4 per 1000 in the two preceding weeks, declined last week to 25·1, a lower rate than in any week since the middle of November last. During the past seven weeks of the current quarter, the death-rate in these towns has averaged 27·2, against 22·6 and 26·0 in the corresponding periods of 1877 and 1878. The lowest death-rates in the twenty towns last week were 16·2 in Portsmouth, 19·2 in Newcastle-upon-Tyne, and 19·7 both in Oldham and Plymouth. The rates in the other towns ranged upwards to 25·8 in Birmingham, 32·3 in Salford, 35·6 in Liverpool, and 40·5 in Manchester. The excess of mortality due to the recent cold weather has been far greater in Liverpool, Manchester, and Salford than in most of the other large towns, and appears to have been mainly caused by the exceptional fatality of lung diseases. To the seven principal zymotic diseases only 363 deaths were referred in the twenty towns last week, against 393 and 413 in the two previous weeks; they included 130 from whooping-cough, 107 from scarlet fever, and 36 from fever, principally enteric. The annual death-rate from these seven diseases averaged 2·6 per 1000 in the twenty towns, and was lower than in any week since the end of 1875; it ranged from 0·5 and 1·1 in Bristol and Bradford, to 3·8 in Liverpool, 4·7 in Salford, and 5·3 in Manchester. The greatest fatality of whooping-cough occurred in Manchester, and scarlet fever continues to show fatal prevalence in Birmingham, Liverpool, Oldham, and Salford. Four deaths from diphtheria were returned in Manchester and Salford, and four in Liverpool. Small-pox caused 23 more deaths in London and its suburbs, but not one in any of the nineteen large provincial towns.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 22, 1879.

THERE is something portentous in the fact that the Royal College of Physicians should have been aroused to a glimmering sense that some public duties might attach to that eminently respectable but especially torpid Corporation. Outsiders were disposed to think that the meeting of the College, called for the 18th instant, as to plague, had been instigated by the Government; but we now learn, on the authority of the President, that such was not the case, and that the meeting was summoned by the President himself on purely public grounds. In other words, it would appear that the College, in common with the Government, has been struck with a spasm of alarm at the appearance of plague in Europe, and it proposes to bring the hysterics of Pall-mall to the aid of the hysterics of Downing-street. At any rate, however, the paroxysm in Pall-mall is conducted with greater dignity than the paroxysm in Downing-street. What can seem more fitting than for the College of Physicians to pass a resolution to the effect that a Committee be appointed to obtain information and report to the College on the nature of the disease called plague, now prevailing in Russia, and on the best means to be adopted for its prevention and treatment? and, further, to nominate proper persons for the Government to forward to the East for the purpose of investigating the disease? But, surely, if it were proper for the College to take steps in the direction of the first part of this resolution, this ought to have been done long ago, so that when the occasion arose, as at present, the College should have been prepared, if it were called upon, at once to have advised the Government on the general measures of precaution desirable. Full three years have passed since plague assumed such proportions in the East as to become a matter, both here and on the Continent, for serious public discussion as to the position of Europe, and of this country, in the too probable event of plague appearing among us again. This was the time for the College to have instituted those investigations which it now proposes (if it were wishful to assume public-health functions), and to have been prepared to intervene when the occasion should arise to help the Government in doing right, and to have prevented it going wrong. But the College gave no sign, and it is not until the Government has committed the folly of announcing its intention to re-establish quarantine, and probably, by so acting, has seriously disorganised the port sanitary administration of the kingdom, upon which our real protection against plague at our seaports depends, that the College awakes up! Is it to be conceived that the Government would have permitted itself to commit so egregious and mischievous a piece of foolishness had the College of Physicians been prepared to speak! Just as the College has left the whole of the medical element of the new sanitary organisation of the country to be thrust to the wall without a word of protest, so it has allowed the whole period when, in respect to plague, its influence could have been most judiciously exercised in the public benefit, to pass aside without a movement. Sir WM. GULL observed that the Government seemed disposed to come more and more to the College for its advice; and here is a sample of the quality and preparedness of the body it would consult. Cannot the College see that the Government, after the Duke of RICHMOND and GORDON'S statement in the House of Lords as to quarantine, is placing it now in an utterly false position with regard to the profession and the public which will task the utmost skill of the President to get out of with decent credit. Sir WM. GULL did well to remind the College that it had taken measures in respect to cholera similar to those which it now proposes to take in respect to plague, and that, although no very great result followed, no harm accrued to the College therefrom. Times are changed; but let us hope that the College will bring its present movement to an end as harmlessly to itself, as it did its cholera work. The committee for the plague "work" is too large and too promiscuously selected to give confidence of reality in the work.

The College was entirely right in its conclusion that, if the Government proposed to act on its recommendation as to what this country should do respecting the particular observation of the disease in Russia, it should be done by a commission of two or three members at least. If the Government is disposed to do the work in Russia "cheaply," let the responsibility rest with the Government, not with the College. The President of the College must take care that he rightly represents the opinion of that body in regard to this point.

The Medical Department of the Local Government Board (or of the Government, according to the Duke of RICHMOND and GORDON and the President of the College) has been too shrewd to take any part in this spasm of action in Pall-mall. The public would be in a poor case but for the steady manner in which this Department has kept in view from year to year the probabilities of plague, as may be seen in the Annual Reports of the Medical Officer of the Board. It was with immense gratification that we gathered from the Duke of RICHMOND and GORDON'S statement that the Medical Department of the Local Government Board was clear of any responsibility in the quarantine freak of the Government; and we have a suspicion that, failing medical support there, the Government is seeking to make a stalking-horse of the College of Physicians.

THE Secretary for the Home Department, in reply to Mr. DILLWYN, has declared that "the subject of the consolidation of the Lunacy Laws is one which, in the opinion of the Government, ought to be taken up." This is satisfactory, as showing that the matter has not wholly escaped the attention of Her Majesty's Ministers, even under the pressure of more urgent and momentous topics of deliberation. It would, however, be reassuring to know that something of higher purpose possessed the mind of the Government than seems to be indicated by a general intention on the part of Mr. CROSS to "put himself in communication with the Commissioners on the subject"! Whenever in times past this course has been adopted the result has been disappointing. Obviously the Board at Whitehall does not desire, and

will not recommend, effective legislation. There may be a few trifling changes in the law to which the Commissioners are willing to accede; and, much in the same spirit as a party in the Church once consented to a revision of the Lectionary, with intent — successful, as it proved — to avoid the greater "evil" of a revision of the entire Prayer-book, it is possible they may make a show of helping in the proposed reform; but it is vain to anticipate any considerable change in the law relating to lunatics unless some more decided step is taken than that of consulting the Commissioners. When the jurisdiction of the College of Physicians was superseded, because that body grievously failed in its duty to the public and the profession, the salutary change was not effected under the advice of the body condemned. We do not mean to imply that the Commissioners in Lunacy ought to be relieved of their responsibility for the protection of the insane—the service rendered by Lord SHAFTESBURY'S Board has been more considerable and of higher value than would justify such a requital; but we cannot doubt that the time has arrived when great additions must be made to the administrative powers of the Board, or it will need to be reconstituted upon a broader and more practical basis.

The initial reform required is a generous recognition of the claims put forth in the name of all lunatics, whether rich or poor, to *personal* supervision. At present the only patients properly protected are those who, by right of property, are placed under the guardianship of the Lord Chancellor's Visitors of Lunatics. The great body of the insane take their chance with the sheets, stores, and live stock of the asylums. It is true that a list of the inmates of asylums is carefully kept, and duly submitted to the Commissioners at their periodic visits, and the names are regularly ticked off as the patients are passed in review before them. In this respect the insane have the advantage of the goods and chattels with which they are surrounded, but even this advantage is barely more than nominal. The Commissioners cannot possibly, except in the case of a few chronic cases (the least important because the quietest and most incurable), identify the patients, and can remember little or nothing about them. Let any man, gifted with average acuteness, ask himself honestly how far his work as an inspector is likely to be useful when he visits a series of ceaselessly changing populations, varying from a dozen to two thousand, at irregular periods with perhaps twelve months interval? He will remember the asylum, but obviously he can know nothing of the patients. It is no reflection on the medical superintendents of these institutions, whether public or private, to urge that *personal* supervision by independent inspectors, visiting frequently and unexpectedly, and with time to investigate the condition of the insane, is absolutely essential for their protection. The function of the Lord Chancellor's Visitors is, in this way, effective. These officials may be overworked, but they perform an important duty with credit, and in a style that inspires confidence. The labours of the Commissioners are not less commendable in so far as the *asylums* are concerned, and to their vigilance, backed by the publicity given to their annual reports, the insane owe the amelioration of their state which Lord SHAFTESBURY'S generous and spirited philanthropy prevailed to secure for them. The work done, however, relates to the asylums, and not to the patients. They are better housed and cared for, and therefore personally benefited, but they are no more personally protected than in the old days, when it was certainly less easy to get an eccentric or objectionable person placed in an asylum than now, and fully as easy for an incarcerated sane or convalescent person to obtain his or her release. A great deal of sensational nonsense has been written and spoken on this subject, and a tendency to exaggerate the faults and perils of the existing state of the Lunacy Law has characterised and discredited the recent agitation for reform. It is to be regretted that sober argument has been replaced by diatribe in quarters which should be well inspired and impartially controlled. Meanwhile, without imputing neglect or intentional wrongdoing of any kind to anybody, and setting aside the cumulative complaint of grievance-mongers of every class and description, we are persuaded that the present state of the law is unsatisfactory, and the existing conditions are unsafe, in the undermentioned among other particulars:—

1. It is inexpedient, and opposed to the interests of public safety and prudence, that a man or woman may be deprived of liberty, placed in durance, and stigmatised with lunacy, on the motion of a relative armed with the written opinions of *any* two medical men, either or both, perhaps, wholly inexperienced in the diagnosis of mental disease, and legally deprived of the advantage of consultation. The position is not a whit better or safer when, as in the case of a pauper, one of the medical men is replaced by a magistrate. The latter must, of course, be ignorant of insanity, and either simply endorse the opinion of the single medical officer, or blindly oppose it. 2. It is contrary to the principles of justice and wise administration that the power of imprisonment should be entrusted to any person not a public official, and so paid as to have no interest, direct or otherwise, in the retention of his morbid prisoners in custody. In short, the system of *private* asylums is needlessly and grievously antagonistic to the interests of the insane and of society. 3. The supervision provided for the protection of the inmates of asylums is unsatisfactory, because it is not personal. The medical man who makes the diagnosis, and consigns the patient to an asylum, has no further concern with the case; he is even debarred from the reasonable opportunity of amending his judgment, which every practitioner in other branches of medical work enjoys, and although he would, if a public official, be the best person to follow and watch the case, his interest ceases with the signature of his certificate. These three cardinal defects in the system of lunacy comprise many faults of detail which it is needless to particularise. We have discussed the subject in every phase and bearing, and our columns have, within the last two years, contained specific suggestions for the remedy of what we believe to be the prominent evils of the law and practice of lunacy. It would be pleasant to know that some, at least, of the arguments and recommendations broached were likely to receive the attention they seem to deserve.

THE diagnosis of blood-poisoning, when it occurs as a sequel to traumatic suppuration, the result of injury or operation, is usually attended with comparatively few difficulties. It is very different, however, in the case of the

so-called spontaneous septicæmia, in which the source of the blood-poisoning has developed without any external injury to indicate its probable seat, and in which the symptoms of the primary mischief may be entirely latent. The subject of the diagnosis of these cases has lately received systematic consideration by Professor LEUBE in the *Deutsches Archiv für Klinische Medicin*, based on the symptoms in a series of examples which have come under his notice. He points out how preferable is a name such as "cryptogenetic," which expresses merely the fact of the latency of origin, rather than one which suggests a spontaneity which cannot, strictly speaking, be said to obtain. The general type of these cases is the following. Without obvious cause, a patient is seized with rigors and fever, sometimes with vomiting and diarrhœa, and pains in the limbs, especially on movement, followed by a comatose state, with muscular twitchings, often general hyperæsthesia, indications of paralysis, with involuntary evacuations, and often Cheyne-Stokes' breathing. Frequently there are extravasations, conjunctival or cutaneous; and sometimes a characteristic eruption on the skin, small vesicles with a hæmorrhagic halo, and occasionally pemphigus or hæmorrhagic pustules. Endocarditis and pericarditis may be present, the spleen is swollen, and the temperature may reach 106° or 107°. In the most acute cases the fever is almost continuous. In subacute cases remissions and paroxysmal elevations are to be noted, accompanied with rigors; sometimes the initial rigor is constant, but it may be the only attack of shivering noticed. In the lungs the scattered foci of suppuration may sometimes, although rarely, cause symptoms recognisable during life. Large infarctions cause symptoms, and "metastatic" pleurisy is very common. In all cases, post mortem, cardiac changes were present, endocarditis, ecchymoses, or foci of suppuration. In several, endocarditic murmurs were observed during life. The blood showed in all cases leucocytosis, and in one case there were small, irregular, refracting whitish corpuscles, in lively movement, possibly aggregations of bacteria. The abdominal organs, with the exception of the spleen, presented no notable symptoms. In one case the erroneous diagnosis of peritonitis was made, in consequence of the extreme cutaneous hyperæsthesia, due to the state of the nervous system. Albuminuria, however, was frequent, and the kidneys in most cases presented evidence of parenchymatous inflammation. These symptoms alone possess little diagnostic value, but their significance is greatly increased by their association with the cutaneous eruption above described, an eruption which has the characters of no known skin disease. The hæmorrhagic spots with yellow pustular centres are strikingly similar to the minute foci of suppuration found post mortem in many organs. In one case these pustules were found, during life, to contain bacteria. The extravasation is the first change, and may be due to the local disturbance of the blood and blood-vessels, occasioned by the accumulation at the spot of toxic substance. Joint inflammations, on which much stress is commonly laid, were, in LEUBE'S cases, far less frequent than the alteration of the skin.

Much interest attaches to the participation of the central nervous system in the morbid process. They were absent in no case, and in most presented the same characters, resembling for the most part those of a meningitis of the convexity, and a purulent meningitis was in one case actually present, while in most there were injection of the membranes and minute extravasations into the cortical substance. The somnolence or coma is accompanied by convulsive movements of the extremities, sometimes tonic spasm in the muscles of the neck, and with a variable condition of the pupils.

The chief importance of these symptoms attaches to the question of the differential diagnosis of the disease. In several cases the amount of albumen and the presence of casts in the urine gave rise to the suspicion that the symptoms were due to uræmia, but against this the temperature and the character of the nervous symptoms were conclusive. A greater difficulty attends the diagnosis of this condition from acute miliary tuberculosis. Now and then the clinical features of the two forms of disease are absolutely identical. Miliary tuberculosis may begin with a rigor and high fever, and bronchitis, pleurisy, swelling of the spleen, albuminuria, and cerebral symptoms, from meningeal complication, may attend the course of tuberculosis. Even cutaneous petechiæ and herpes may not be absent. All that can be affirmed of the diagnosis in such cases is that the more rapid the course of the disease, the more suddenly the general symptoms set in, the more probable is the disease to be septicæmic.

From typhoid the distinctions are more simple, and important indications are afforded by the course of the temperature, and by the absence of the retinal hæmorrhages which are so common in septicæmia. Greater difficulty is presented by the distinction of the cerebral symptoms from those due to simple meningitis, but the presence of the symptoms of a general disease, the enlargement of the spleen, and the cutaneous changes, enable a distinction to be made. The prominence of certain symptoms in individual cases may constitute a fresh source of perplexity. Of these, however, the greatest difficulty attends the distinction from ulcerative endocarditis, and, indeed, in the majority of cases the distinction is impossible. The occurrence of an embolic myocarditis or a micrococcal endocarditis, or both or neither, depends upon accidental circumstances. "Malignant endocarditis" is only a manifestation of the so-called "septic pyæmia," and is not an independent disease.

IN the current number of the *Fortnightly Review* Mr. E. A. FREEMAN comes forward once more to defend the teaching of the Greek language in our schools and universities. The question "Shall we give up Greek?" is perennial, and has come up this time in the practical shape of a proposal that Greek should no longer be required for certain purposes in the University of Cambridge. Into the special merits of the case Mr. FREEMAN does not enter, but treats it incidentally as a part of a much larger question. Not only at Cambridge, but elsewhere, objection has been raised to the compulsory requirement of a certain amount of Greek on the ground that it causes many men to spend time on a subject for which they do not care, in which they make no real progress, and which they forget as soon as the examination is over, when the same time might be better spent in some other way. This argument, so far as it is true, applies, says Mr. FREEMAN, not merely to the compulsory requirement of Greek, but to the compulsory requirement of

any subject whatever. Furthermore, it has yet to be shown that the time now given to Greek would be more profitably spent on any other subject. The argument that some men will never learn more than the compulsory portion of any subject is obviously put forth in the interest of the dullest class, and altogether ignores those who do not belong to this class, and who have at least an equal claim to be considered. Mr. FREEMAN is, however, very careful to define what he means by teaching Greek. It is not that spurious form of instruction which reaches its highest development in the power to correct the text of a Greek play and make Greek iambics; still less is it that form which merely conveys a purely grammatical and literary knowledge of certain particular stages in the literature of the language. On the contrary, it is the scientific study of the language according to the comparative method that he is wishful to promote; and when so taught he claims for the Greek as well as the Latin tongue a place in our studies, not as something apart from more modern studies, but as something essential to those studies—something which is needful to modern study as its natural beginning, and to which modern study is needful as its natural continuation. "We must," he says, "study Greek and Latin, not as something alien to English, French, and German, but as something without which English, French, and German are not fully understood, and which itself is not fully understood without English, French, and German."

With all this the medical profession is intimately concerned, not only as a portion of the intellectual and cultured community, but as professors of a science and practitioners of an art whose origin and early history are almost exclusively Grecian. The extraordinary faculty of observation and the rare sagacity of HIPPOCRATES, the inexhaustible energy of ARISTOTLE, the lofty speculations of PLATO, the painstaking accuracy of ARETÆUS, the assiduity of GALEN, the candour of ÆTIUS, and the untiring zeal of PAULUS ÆGINETA, laid deep and firm the foundations of the science and art of medicine, and determined the character of the superstructure. But the richest treasures of these great minds are for ever sealed from those who know not Greek. True, it may be that few even among the most eminent teachers of medical science of the present day possess a useful knowledge of Greek, but it is not so evident that they are better on that account. Their talents have enabled them to succeed in spite of this drawback. If Greek were no longer required for the higher examinations, the number of physicians and surgeons knowing anything of the Fathers of Medicine at first hand would be small indeed. "There are," says Mr. FREEMAN, "many men who would never choose out a subject for themselves, who will, nevertheless, do their compulsory work well and profitably. They would never make the start for themselves, but when they have made the start under compulsion they will go on further of their free will." If youths are compelled to learn the Greek language, there is a better chance of obtaining men who study the Greek authors, medical and literary. THOMAS LINACRE, the founder of the Royal College of Physicians, was one of the most learned Greek scholars of his day, and to him belongs a considerable share of the credit of restoring the study of Greek in England. Before the foundation of the regular professorial chair by Cardinal WOLSEY, LINACRE taught the Greek language at Oxford, where he had Sir THOMAS MORE, then an undergraduate, and the famous ERASMUS, for pupils. His excellent translation of many of GALEN'S works did much to encourage the study of the medical classics, and helped to raise the standard of learning in the profession. His translation of GALEN'S "De Temperamentis" was printed at Cambridge in 1521, the first year in which printing was done there, and is believed by some to have been the first book printed by SIBERCH. "For his accurate skill in the Greek and Latin tongues, in other sciences, and in his own profession, he was," says Dr. JOHNSON, "esteemed the ornament of his age. By his endeavours GALEN speaks better Latin in the translation than he did Greek in the original; and ARISTOTLE shines not more in his Attic than in his Latin garb."

But, independently of the practical utility of Greek to the cultured physician or surgeon in enabling him to hold communion with the master minds of his art, the study of this language, if rightly pursued, is of immense service in the preliminary education of the aspirant to the medical profession, and is one of the best possible introductions to purely medical studies. Without a knowledge of Greek, it is impossible to engage in the study of the science of language, or comparative philology, as it is sometimes called, which in nature and method closely resembles the science of Comparative Anatomy and Palæontology. By the one we are able from a mere fragment to fashion organic forms long since extinct; and by the other we trace the history of nations, and view the social and political life of our primitive ancestors in their Asiatic homes. Indeed, there is no better training in the inductive method than that which the science of language affords. But in order to accomplish its object, the mode of teaching the ancient languages must, as Mr. FREEMAN and other philologists contend, be radically changed. The old literary must give way to the modern scientific system. Then the despised "dead" languages will be called to life again, and made to give up the secrets that are in them in answer to the searching questionings of the inductive method.

IT will not be the fault of the Medical Council if another year is not wasted, so far as regards the amendment of the Medical Acts. Last week we endeavoured to show that for all practical purposes the Medical Council is merged in its Executive Committee, and that the Council is asleep. The word, however, is far too light a one to describe the condition of the Council and its insensibility to its duties and even to its positive engagements. It is now fully ten years since the Council began to feel the pressure of public and Parliamentary opinion in favour of changes in the system of medical examinations, and for very little less time it has been feeling the pressure of opinion in favour of a change in its own constitution. During more or less of this period it has been engaged annually, sometimes twice a year, in discussing Bills or propositions brought forward for the promotion of these ends. So much of the costly time of the Medical Council has been taken up with these discussions, that its proper work continues undone and little more than begun at the end of twenty years. The waste of time and money will not be fully realised by the profession

unless it remembers that the Bills the Council has discussed have been practically the same, and the discussions repetitions of the same arguments. Meantime, medical education is almost at a standstill, and is so inefficient or unsatisfactory that nearly twice as many rejections take place now as took place twelve or fifteen years since.

But it is no use crying over spilt milk. What we wish to point out is that, regardless of all that has happened, the Council seems to be preparing to go through the annual routine of a discussion on a Bill that was twice over discussed last year, and to be forgetting its obligation to bring forward and discuss the Report of its own Executive Committee on its own constitution and any changes needed therein. We hear that the Government Bill is to be brought forward again in the House of Lords as it was last year. Under ordinary circumstances, the Council might think itself justified in consulting only the convenience and pleasure of the majority of its members as to the time of meeting. But the circumstances are not ordinary. Two Government measures have been stopped by the opposition of the profession, because the respective Governments would not deal in the said Bills with the constitution of the Medical Council. The Medical Council positively undertook to report to the Government on this subject, and by most persons concerned it was understood that the Report should be made in such good time that the Government would be enabled to form a judgment on the question and to deal with it in the Bill. Up to this moment, the 21st of February, there is not a sign of the Council meeting. Seven or eight months have elapsed since it promised a Report. In answer to Mr. WADDY, Lord GEORGE HAMILTON has told us that no Report has reached the Government, and the Government, untaught, it would seem, by ample previous experience, hope to pass a Medical Bill without provisions for the reform of the Medical Council. The Medical Council knows better. It knows that outsiders have no faith in Medical Bills with this defect, and will not let them pass if they can possibly help it. Knowing this, it withholds the Report which would facilitate legislation. It has had it in its power to show its sympathy with our profession, and to help in this great reform. It has deliberately temporised. It has disappointed the just expectation of the profession and, we will add, of many of its own members, who regard the Council as actually pledged to do what it has failed to do. It has given a final and crowning proof of its incapacity and timidity, and supplied its many enemies with another argument for its reform. It—or those who, unfortunately, represent it in the interval of sessions—has succeeded in postponing a change which cannot be much longer staved off, and which is not likely to be made less by such exhibitions of irresolution, or of such resolution only as that of the Vicar of Bray.

THE examination for the Navy and Indian Army commenced on Monday last, at the London University, Burlington House, when eight candidates for commissions in H.M. Navy presented themselves; number of vacancies not stated. For the Indian Service fourteen commissions were announced for competition, showing that the popularity of the Indian army has in no way diminished.

Annotations.

"Ne quid nimis."

REPORTS OF MEDICAL OFFICERS OF HEALTH FOR 1878.

ALREADY the stream of reports of medical officers of health for the past year has begun to flow. Dr. Drake, of West Ham, gives on the whole a good account of his district, although the quantity of typhoid fever, measles, and scarlet fever in it during the year seems somewhat large. He made a detailed investigation of the cases of autumnal diarrhœa which prevailed, and came to the conclusion that it was due in his district to "the hot weather acting on delicate ill-nourished children." Dr. Meredith, of the Wellington urban sanitary district, Somersetshire, reports a higher rate of mortality than customary in his district (21·0 per 1000), determined by the prevalence of measles in spring and the fatal influence of the severe weather of the latter part of the year on old and feeble people. He gives reason for the belief that measles was introduced into Wellington by the gift of a bouquet of flowers to a child, which had been prepared in an infected household in another district, by a woman who had been nursing a case of measles there. He gives also some interesting particulars as to conditions under which certain cases of enteric fever had occurred in the district. Dr. Partridge, of the Stroud rural sanitary district, in a carefully prepared report, shows a low death-rate (17·4 per 1000) from all causes, but a high death-rate from zymotic diseases. The latter, he states, is due to the "non-observance of sanitary precautions, and the fact that the medical officer is not notified of the existence of such diseases until deaths are reported." Dr. Tripe, of Hackney, sends a summary of his report for 1878. The public health of his district, he states, was satisfactory during the year, and the sanitary work included the abatement of 5912 nuisances, of which 1152 had arisen from defective sewage, and 3200 from a dirty or dilapidated condition of houses, or want of proper water-supply and apparatus. The population of this district may be taken at 163,000.

THE GOVERNMENT AND THE MEDICAL COUNCIL.

MR. WADDY extracted from the Government, by a question which will be seen elsewhere, the information that no report has reached the Government on the subject of the working and constitution of the Medical Council. The question of Mr. Waddy is very pointed, and will perhaps open the eyes of the Government to the folly of waiting upon the Medical Council for assistance or advice in regard to the reform of the Council. It will not much enlighten the profession, who have watched too long the temporising and procrastinating, and, we will add, money-wasting action of the Medical Council, to need the negative information contained in Lord George Hamilton's reply to Mr. Waddy. If we might venture to offer a suggestion to the Government, it would be to entirely ignore the promised report of the Medical Council. The Council, or its Executive Committee, which is now virtually the Council, by withholding its report, is doing its best to involve the Government in the discredit and unpopularity which attach to itself. But the Government have good ground for saying that inasmuch as the Council has not done what it undertook to do, the Government will take the whole subject into its own hands and act independently. There is everything in the position of the question, and in the action, or rather inaction, of the Medical Council, to intensify the determination of the

profession to accept no Bill which does not improve a Council so incapable, so timid, so full of "vested interests," and withal so temporising, as this has shown itself to be. We would urge the Duke of Richmond to take the profession into his confidence, and to look no more for light to a Medical Council which has taken eight months to make a promised report, and now, when it is wanted, finds it convenient to be dumb.

THE TRANSPORT SERVICE.

ONE of the chief results of the defeat in South Africa, characterised by Lord Beaconsfield as "a great military disaster," is the quick dispatch of a large body of troops in a number of fine transports. Although the ocean voyage will not occupy much more than three weeks, it must be remembered that the condition of these ships when they start, and the sanitary discipline maintained on board during the passage, may, and will in this as in other cases, exercise a considerable influence on the health of the men sent out to retrieve the so-called "military disaster." They will land in a fairly good season, though we may reasonably hope that the thermometer in Natal is not just now ranging as high as it was in the corresponding period of last year; and so, all things being favourable, our troops ought to disembark at Durban in as good working order as when they quitted the shores of this country, minus a little stiffness and lassitude from want of normal exercise. This latter result must, however, much depend upon the sanitary state of the ship that conveys them. The transport fleet, as at present detailed, consists of steamships belonging to the Cunard and the National lines, Mr. John Burns and the manager of the latter company having offered to the Government some eight or ten of the finest vessels in the British mercantile marine. The depressed state of trade enabled them to do this immediately, and we do not hesitate to state that, as regards the ships themselves, no finer lot of transports (not even during the Crimean war) were ever engaged at one and the same time in the public service. When the "bay" is crossed, the Cape is a "fine-weather" passage at almost all times of the year, and so far everything seems prosperous as to the conveyance of these troops from north to south of the Atlantic Ocean. But inasmuch as no time can possibly be bestowed on the fitting up of any special or even general system of automatic ventilation, it seems prudent, if not necessary, to sound a note to the commanders of these ships, and to the surgeons who are in medical charge, in way of warning as to epidemic disease.

THE CLINICAL SOCIETY.

THE meeting of the Clinical Society on the 14th was occupied with some interesting topics. The subject of "Rheumatoid Arthritis" was dealt with in an exhaustive paper by Dr. Miller Ord. Dr. Ord had chiefly in view that form of this inveterate and somewhat ill-defined affection met with in women, where the smaller joints are chiefly and symmetrically involved—an affection probably, as Dr. Greenfield pointed out, different in its pathogenesis from the "chronic osteo-arthritis" of the hip-joint with which it has been too loosely conjoined. Dr. Ord has been struck with the connexion between this form of articular affection and uterine disorders, a connexion something more than a mere coincidence; and he formulated the view that possibly the joint disease was started by reflex irritation of the spinal cord from the irritation of the generative organs. We must refer to the report (which we are compelled to defer until next week) for the facts upon which Dr. Ord grounded this hypothesis, but the keynote to them is to be found in the occurrence of slowly progressing joint disease occurring sometimes in locomotor ataxy, and dependent on extension of sclerosis to the anterior cornua of the spinal cord. Dr. Greenfield, who agreed with Dr. Ord as to the clinical association between the joint affection and local disturbance of the genito-urinary tract, took a different view as to the pathogenesis of these cases. Contrasting them with "gonorrhœal rheumatism," he thought that they were rather due to absorption of septic or irritating materials from an inflamed mucous membrane than to disturbance of the spinal cord. The discussion also turned upon the nature of "rheumatoid arthritis," and led to a somewhat curious difference of opinion between the surgical and medical experience in the matter, especially as to the sex affected, Messrs. Barwell and Bryant stating that it was a disease more common in males, Drs. Greenfield and Duckworth that it was far more frequent in females. In his reply, Dr. Ord pointed out that Trousseau and Haygarth say it is most frequent in women; Adams, Follin, and Dupuy in men. Dr. Mahomed thought the high-pressure pulse invariably present was a distinction of importance between this disease and either chronic rheumatism or gout. But the whole discussion served clearly to show that, in spite of the excellent observations of Haygarth, Adams, and others, a precise and intelligible analysis of "rheumatoid arthritis," "arthritis deformans," "osteo-arthritis," or "nodular rheumatism," is still a desideratum, and the more so since the discovery of the arthropathies of ataxics have enlarged our views as to the mode of production of joint diseases.

The reading and discussion of this paper left but little time for the remaining papers on the list. Two only of these were read. One was furnished by Dr. Markham Skerritt, of Clifton, and dealt with a case in which the ileum became blocked by fibrinous exudation from an attack of enteritis secondary to peritonitis from perforation of the vermiform appendix. The case was further interesting from the notable absence of symptoms pointing to so grave a condition. Mr. Howard Marsh also read notes of a case in which he had successfully performed laparotomy for the relief of intestinal obstruction, the cause of the obstruction being malignant disease of the sigmoid colon.

"ADMINISTRATIVE EFFICIENCY."

"ONE word from Mr. Cross," or from Mr. Sclater-Booth, or Colonel Stanley, or Mr. Smith, or Sir Michael Hicks-Beach, or Viscount Cranbrook, or Sir Stafford Northcote even, would probably work wonders in the several departments of Government if only that "one word" could be spoken. The country has reason to be grateful to the magistrates of Middlesex for having on a recent occasion struck out a new line of enterprise. Doubtless every branch of the Administration has a reserve of power for good which needs only to be brought into activity. It is the fault of somebody that the magic word is not spoken. Authorities of all sorts and conditions are waiting to dispense blessings on the land, but the intelligence corps generally would seem to be defective. The perversity of official human nature is such that the men whose duty it is to move the powers that be, neglect to put them in motion. We are inclined to think there is much that is just and instructive in this lamentation. It may be the true explanation of a wondrous aggregation of woful mistakes and failures in the management of public affairs. The knowledge of the need is widely separated from the possession of the power to supply it. One man knows the evil or risk of a particular state of things; he sees clearly that disaster must ensue from a special line of policy; another man has the power, and presumably the will, to help, but there is no way of bringing the two together. It is not the business, nor can it be expected, of subordinate authorities, even the chiefs of great departments, to speak when they see things going wrong. They must "wait until they are asked," or at most pen a polite

minute, carefully worded so as not to give offence, and useful as a public document, to relieve their responsibility when the calamity has occurred, and the day of inquiry arrives. After the discharge of this "duty"—to themselves first, and the country in a supplementary sense—they can sit tranquilly in the official arm-chair, and when the discomfiture they have always foreseen comes, it is their privilege to smile blandly, and exclaim "We always said so." This placid shouldering of responsibility from man to man, from office to office, is the bane of self-government. What is everybody's business is in fact nobody's. The dominant idea of administrative tact is to maintain pleasant, and, if possible, cordial, relations with all around. Subordinates must not trouble the peace of those above them; least of all may they dare to disturb the tranquillity, or wound the *amour propre*, of an influential chief by some timely word of warning or reminder, lest their position should be endangered or promotion stayed. The head of a department, particularly if he figures before the country as an autocrat, cannot tolerate interference. So far as he is concerned, the permanent secretary or director of a branch of the service, whatever it may be, is the spare mule to carry the baggage in the heat of the day, and be handsomely kicked if anything goes amiss. This is the mission in life of a subordinate chief as viewed from the supreme official standpoint. "One word" from the real head of the department would avert a calamity, and save the tax- and rate-payer a heavy burden; but that word cannot be spoken except on the ground of some other word to be spoken by another official below, and so on to the lowest rung of the ladder. And there are sure to be two obstructives in the line of communication—one who is afraid, and another who does not wish, to speak. It is the old and universal story of selfish timidity and selfish love of ease. Only one word is necessary, but that cannot be spoken because "the police" will not move. The excuse is the same everywhere, and every department has its scape-goat, just as much, or as little, responsible for the failure or wrongdoing as the metropolitan police for the neglect of public discipline in the interest of public morals by the magistrates of Middlesex—exemplary and good citizens, but, unfortunately, living a little too far out of the line of vital communications, and, officially, effete.

TRICHINÆ IN AMERICAN PIGS.

A FEW months ago the discovery was made in Germany that trichinæ existed in considerable numbers in specimens of bacon and pork, selected from some imported from the United States of America; and as a pretty large trade had sprung up in these commodities, and was rapidly on the increase, the announcement caused considerable alarm and disappointment in some of the German towns. When the intelligence reached America, it was received with real or simulated incredulity by those chiefly concerned in the rearing of pigs and the exportation of their carcasses, and in more than one agricultural periodical, as well as in other journals devoted to the food export business, the truth of the statement was indignantly denied, and it was strenuously asserted that the muscle-worm was unknown in America, just as it had been maintained on the other side of the Atlantic that contagious pleuro-pneumonia was not present among the cattle there. And this in presence of the fact that outbreaks of trichinosis had been recorded as occurring in the human species on that continent—notably a serious manifestation of the malady in 1874,—and that, eight years previously, a committee of the Chicago Academy of Sciences had investigated the disease in the pig. These outbreaks were either ignored or overlooked in the States, and it would seem as if they were unknown in Europe, for we have never looked with any suspicion on the hams and bacon arriving in this country; while so many grave epidemics had taken place in Germany among people who had eaten the flesh of pigs infested with the entozoon, and precautions in the way of inspection and cooking had to be so carefully observed with regard to the products of the native animal, that supplies from America, which it was believed did not require these troublesome observances, were hailed with satisfaction. But the fact, which has been clearly demonstrated, that American pork is even more infested than that of Germany, according to the statements of German investigators, should put us on our guard.

It has been stated in this country and America that the muscle-worm does not cause any disturbance of the health of the animals whose bodies are infested with it. But this is not always so, though it is true that in some experiments, in which creatures were fed upon trichinosed flesh, there was no perceptible inconvenience manifested. And Attwood and Belfield fed a white rat, then three weeks old, on trichinous pork, a liberal supply of which was given from every infected sample. Nevertheless, the creature grew rapidly, and seemed to enjoy the best of health, his excellent condition being a subject of remark; yet when killed, his muscles—from the tip of the nose to the end of the tail—were literally alive with trichinæ, from ten to thirteen appearing in every field of the microscope.

But if we refer to Fleming's "Veterinary Sanitary Science and Police" (vol. ii., page 491, note), we shall find that the most serious symptoms, and even death, have been produced in pigs by experimental feeding with trichinous flesh. The symptoms varied, of course, with the degree of infection, but in the graver cases they were due at first to the intestinal irritation, and at a later period to the muscular inflammation. The first is denoted by the diminution or suspension of the appetite (though this is rare), vomiting, distension of the abdomen, manifestations of colic more or less severe, and diarrhœa, which sometimes persists for weeks. There is dulness,—the animals are inclined to lie a good deal, and to hide themselves beneath the litter, and, if standing, the back is arched and the tail pendant. Fever is present, the pulse is quickened, the body varies in temperature, and there is great debility. The symptoms ensue towards the end of the first or commencement of the second week after ingestion of the trichinous pork, and, with the exception of the diarrhœa, they disappear after lasting from six to eight days, if death does not occur within that time, as sometimes happens with very young pigs, or those which are older and have received a very large quantity of the entozoa. Sometimes death takes place from peritonitis, consequent on perforation of the intestine by a great number of the worms simultaneously; and in other cases there is a peculiar form of enteritis, with the ejection of false membranes per anum. When the muscular symptoms appear the intestinal disturbance becomes less marked, but the fever increases in intensity. The pig is often lying, and in walking it carries the back raised, and the limbs are stiff and painful; opening the mouth, mastication, and deglutition are difficult; the voice is harsh, husky, and weak; the respiration loud and laboured; cutaneous œdema appears in different parts, together with intense pruritus, and emaciation rapidly sets in. If death does not take place the symptoms gradually subside, and it is only in very debilitated animals that convalescence is slow.

We have been induced to notice these symptoms in the pig as we are not aware that they are recognised as indicative of trichinosis in that animal; indeed, there is reason to believe that neither pigs nor pork are suspected of infection, and many animals may die annually of the malady without the cause being divined. There can scarcely be a doubt that the porcine race in the three kingdoms is just as likely to harbour trichinæ as on the Continent or in America,

though they are never looked for, or even dreamt of as being present in swine's flesh.

This is a sanitary question of no mean importance, and one which should receive immediate attention, for in the country in which the trichina was first discovered in the human body there is good foundation for believing that it is far from rare, and that people may suffer from its effects and their disease be ascribed to other causes. The resemblance of the symptoms of trichinosis in human beings to those of other but widely different maladies may well occasion an erroneous diagnosis. If it is admitted or proved that trichinous pork is consumed as food in this country, then we can see no just cause for doubting the occurrence of the disease in man, when we know how imperfectly curing and cooking are sometimes performed, and also that in some counties, as in Yorkshire and Lancashire, the lower classes (navvies, farm-labourers, and the like) are peculiarly addicted to the consumption of raw pork. At any rate, after what we know as to the percentage of infected pigs in Chicago and other parts of America, and the abundant supply we receive from our cousins of live and dead porkers, as well as the suspicion that our own swine may not be much freer from such troublesome and repulsive vermin, it is as well to be on the look-out, and ascertain what our risks really are.

DR. LUSH'S MEDICAL BILL.

WHENEVER the question of Medical Reform is settled, it is probable that reformers will feel themselves under considerable obligations to Dr. Lush. The essential features of his Bill are—direct representation of the profession by the election of four members in a Council of nineteen; the abolition of the individual representation of certain bodies now enjoying such representation, and their representation in conjunction with others; the framing of examination rules by the medical authorities of each part of the United Kingdom; and a penal clause which represents experience on the defects of the existing penal clauses. There are two great faults in the measure as drawn. The first is that the abolition of the individual representation of bodies is carried out so imperfectly as to leave vested interests still masters of the situation in the Council, and so capriciously as to defy justification. For example, all the universities of Scotland are to be represented by one representative only, while the London University is to be allowed one to itself, and also the Apothecaries' Society of London. The second great blot is, that the framing of examination rules is devolved upon the medical authorities of each part of the United Kingdom, instead of, as in the Government Bill, on the General Medical Council. The object should be to gain uniformity, and to fasten responsibility on the Medical Council, a body in which all parts of the United Kingdom are represented. There must be an end of the present infirm Recommendations of the Council. It must make Rules, and be responsible for their being carried out equally in each division of the kingdom. This seems to us a *sine quâ non*.

THE GLOBULAR RICHNESS OF HUMAN BLOOD.

IN an interesting paper on this subject, by Messrs. Cutler and Bradford, contained in the current number of Michael Foster's *Journal of Physiology*, the authors arrive at conclusions that are at considerable variance with generally accepted views. It has hitherto been believed, chiefly on the statements of Professor Hirt, that the number of white corpuscles undergo considerable increase, relatively to the red corpuscles, shortly after food. Messrs. Cutler and Bradford, however, adopting Professor Malassez' method of estimating the number of the corpuscles, found that there was an *increase* of the *red* corpuscles after eating, and a *decrease* of the *white* corpuscles. They do not pretend to determine the cause of this phenomenon—whether, for example, it is attributable simply to a concentration of the blood during the process of digestion by a demand upon the fluid of the blood made by the secreting glands, which are so active at this period, or whether it is due to a new formation of blood-corpuscles, or, lastly, whether an extra supply of the oxygen-carrying elements is thrown into the circulation, as if there were a call upon the reserves during the active processes of digestion. They summarise the results of their observations in the following terms. The globular richness of the blood or the number of globules in the cubic millimeter of blood, varies greatly in different parts of the circulatory system, and they regard these local variations as being dependent upon the functions of the tissues or organs through which the blood passes, and may be supposed in the main to balance each other. The globular richness of the blood is also affected by general causes, such as the amount of fluid abstracted from the blood (diarrhœa, increased urinary secretion, sweating, copious vomiting), and by a deprivation of the regular supply of fluid to the economy. The globular richness appears also to be subject to daily variations; there is a decrease in the globular richness of the red corpuscles during fasting, and an increase after a meal; there is probably an increase in the globular richness of the white corpuscles during a fast, and a decrease after a meal; there is a variation of the globular richness in different seasons of the year; and, lastly, there is a slight variation in the globular richness from one week to another. It is important that these variations should be taken into account by those who attempt to estimate the value of tonic remedies by enumeration of the blood-corpuscles.

A PUBLIC PROSECUTOR.

AMONG the Government measures which will be welcomed by the majority of the community and by which medico-legal work generally is likely to be facilitated is Bill 68, to provide for the appointment of a solicitor for public prosecutions, paid by salary, and armed with authority and power, though in no way interfering with the rights and privileges of private prosecutors. It is much to be desired that this measure, amended as may hereafter appear expedient, should find its way to the statute book. The most obvious defect in the Bill, as printed, is a seeming lack of provision for putting the solicitor in motion. It can scarcely be intended that every complaint shall be laid before the Attorney-General in detail. It is, however, possible that the "office of solicitor," which is to be organised with an efficient staff of assistants, may form the nucleus of an establishment, through which legal business of public moment that now falls to the care of the various departments may be effectively prosecuted. This facility is much needed, and has been long sought.

BRADFORD INFIRMARY.

THE fifty-fourth annual meeting of the Bradford Infirmary was held in the institution on the 11th instant, the Mayor (Mr. Angus Holden) presiding. The receipts for the past year were £6790, and the expenditure £6901; the falling off in the former being due to the fact (a very unusual one) that no legacies had been received. On account of the increase of population in Bradford, the visiting districts have been considerably enlarged, representing an additional 13,000 individuals; and a new ward is nearly completed for the accommodation of ten male medical patients. The post of junior house-surgeon, for which only one qualification was requisite, and worth about £50 annually, with board and residence, has been abolished, and instead thereof a resident house-physician, with a double qualification, has been

elected, at a salary of £100 per annum. The "Spencer Nursing Fund," inaugurated by one of the surgeons, has now reached £2000, and has been handed over to the board of management for administration, which is found to be a very difficult task. The library connected with the institution is growing into a first-class one, and has liberal support from the board of management and the Bradford Medico-Chirurgical Society. Within the last few months there has been a very useful addition in the shape of a pathological museum and laboratory, where there is every convenience for dissection and histological manipulations. Hence it is hoped that, if there is no chance of Bradford becoming in the ordinary sense of the phrase a "medical school," it will very shortly prove of great service to the profession in the town and neighbourhood. It may be, and should be, a school for advanced students—viz., those gentlemen who have been in the active practice of their profession for many years, and, even after a long experience, are proud to call themselves earnest students of the great "School of Medical Science."

THE ZULU WAR.

DEPUTY SURGEON-GENERAL J. L. HOLLOWAY, at present serving in Dublin, has been ordered to Africa with the reinforcements for Zululand, and, on arrival, will assist Surgeon-General Woolfreys, C.B., in the administration of the medical services for the campaign. Surgeon B. B. Connolly, from Woolwich, has been added to the list of medical officers under orders for the seat of war.

The men of the Army Hospital Corps proceeding on active service are to be armed with a revolver, a very necessary precaution in fighting against a nation of savages who would show no respect to the Red Cross. These men, though looked upon as "non-combatants," are called on to accompany medical officers in the fighting line, to aid in tending the wounded, removing them in stretchers to the first dressing station, often performing these duties under fire. Convoys of wounded, too, are liable to be attacked, so that some arm beyond the ornamental but useless sword bayonet with which they are now equipped is necessary. The strength of the company has been made up to 150 men, with four officers, and every man has passed through the course of instruction in stretcher and ambulance drill at Aldershot, under Surgeon-Major Sandford Moore.

INCREASING SMALL-POX FATALITY IN LONDON.

IT would be interesting to know whether the Local Government Board still persist in believing that small-pox has ceased to be fatally epidemic in London. Such belief is, indeed, almost a necessity to justify to themselves their persistent avoidance of inquiry into the causes of the continued local prevalence of this distinctly preventable disease. The deaths from small-pox in London have, during the three most recent months of four weeks, been successively 43, 50, and 89. The last weekly return of the Registrar-General noted that 20 fatal cases of small-pox were registered in London, besides 3 in the outer ring of suburban districts, whereas no death from this disease occurred in any of the nineteen large provincial towns. Sixteen of the 20 deceased small-pox patients had resided in South London, including 7 in Greenwich and Deptford, and 5 in Camberwell. Eight of the fatal cases were of children under five years of age; 13 occurred in the Metropolitan Asylum Hospitals, 1 in the Highgate Small-pox Hospital, and 6 in private dwelling-houses. The hospital returns afford even stronger evidence of the increasing prevalence of small-pox than the death-register. In October last the number of small-pox patients in the Metropolitan Asylum Hospitals had declined to 91; since then they have steadily increased, and rose last week from 317 to 345, a higher number than has been reported since July last. No less than 100 new cases were admitted to these hospitals during last week, against 51 and 70 in the two preceding weeks. Of the 3 fatal cases recorded in the outer ring of suburban districts, 1 occurred in Bexley, 1 in South Mimms, and 1 in Isleworth; the latter case was of a man who had recently acted as bearer at the funeral of a domestic servant who, having contracted small-pox in London, was sent home to die in Isleworth, and thus became a new centre of infection. It is not only Londoners who are interested in the suppression of small-pox in the metropolis.

THE REGISTRATION OF INFECTIOUS DISEASES.

THE Huddersfield Improvement Act, in so far as it relates to the registration of infectious diseases, does not appear to be working smoothly. In the first instance there was a hitch about the certificates to be sent in by medical men as to payment for second or more cases in the same house. Now it would appear, from a circular addressed to the profession in the borough by the town clerk, that although the majority of them cordially endeavour to aid the Corporation in the working of the Act, a minority are either careless or indifferent, and registration suffers accordingly. It would seem that some of the medical men do not interpret the words of the Act "without proper lodging or accommodation enabling the case to be properly isolated, so as to prevent the spread of the disease, or the proper treatment thereof," and the town clerk encloses in his circular a note of the medical officer of health explaining what sense, as accepted by the Corporation, these words should be used in. There seems to us some curious confusion in this matter, and it is not easy to understand how a question of "proper lodging or accommodation," which in the Public Health Act, 1875, is a magistrate's question, becomes in a local Act a question to be determined in the first place by the medical officer of health, and then relegated, as it would seem, to the medical profession of the borough generally.

"PUNISHMENT" OF THE INSANE.

THE verdict in the case of Nunn *v.* Hemming was justified by the evidence before the Court, and it is satisfactory to find a Judge so watchful of the interests and honour of the medical profession as the Lord Chief Baron has shown himself to be. Nevertheless, without prejudice to the question raised by any particular allegation of ill-treatment, it is important to denounce and repudiate the bare notion of "punishment" or "terrorism" in the treatment of the insane. As well punish a man for the delirium of fever as the mental turbulence of brain disease or disorder. The practice is, or ought to be, wholly obsolete. It went out with the "whip" as an instrument of what used to be called treatment. No one who entertains the idea of *punishing* a lunatic ought to be permitted the opportunity of carrying it into effect. Unfortunately the treatment of mental disease is scarcely recognised as a subject of study in the schools, and barely mentioned in the examination rooms. The business of enforcing what is called "discipline" among the insane is, for the most part, entrusted to attendants, who are thereby either made to replace the physician in the work of cure, or left to give play to their tempers among a class of helpless and excitable people, whose delusions are, most unfairly, held to discredit their general truthfulness, and who are therefore left without redress. It is of the highest moment that, in asylums where electric, or galvanic, apparatus is used, and where shower, douche, or plunge-baths are employed—and both these agents are necessary—the thought of "punishment"

or "rule by intimidation" should be wholly banished. This is a matter on which the medical superintendents of asylums, public and private, would do well to give a clear and combined expression of opinion.

HOUSES OF THE WORKING CLASSES.

IT is most regrettable that the Home Secretary is not armed with powers to compel local authorities to carry out the provisions of the Artisans' Dwellings Act, so far as the construction of new property is concerned. We gather from a reply, by Mr. Cross, to Mr. Hopwood, on Tuesday, in connexion with an unhealthy area near Gray's-inn-road, that this is the position of matters—that, in fact, a deadlock may very easily occur. If any difficulty arise as to the confirming of a first scheme, or vexatious delay is occasioned by the failure to submit an amended scheme, the Secretary of State is powerless. As one of the first conditions of returning prosperity to the working classes must be the provision of better houses at a lower rental than heretofore, situated nearer their places of business, it is urgently necessary that this matter should be looked into, and we trust Mr. Hopwood will not allow the question to rest.

EQUESTRIAN CONTINGENCIES.

MR. OSBORNE MORGAN, in the Strand, and Vice-Chancellor Malins, in Rotten-row, have sustained more or less serious injuries in horse exercise within the last few days. Such "contingencies"—we will not call them accidents—are exceedingly regrettable, and many are unaccountable. Not long ago the Church lost a distinguished prelate by a deplorable fall from his horse, when riding with a loose rein. There have always been occurrences of this nature, and there must continue to be a large percentage of risk and misadventure in connexion with equestrianism, but it would be unfortunate, and indicate carelessness rather than skill, if accidents in the streets and Row become common. Every now and again a succession of casualties occurs in a particular department of life and activity, with the effect, doubtless, of recalling attention, which has been diverted from its risks. If the recent, happily not very severe, accidents which have befallen public men should have the effect of inducing riders generally to exercise a due amount of caution in the management of their hacks, these misfortunes will not be without their salutary influence.

SMALL-POX IN BRAZIL.

THOSE who wish to know the effect of a modern small-pox epidemic among an unvaccinated population will do well to consult a recent number of the Health Bulletin issued by Surgeon-General Woodworth, of the United States Marine Hospital Service, in accordance with the National Quarantine Act of 1878. It appears that small-pox was raging with great intensity in the northern provinces of Brazil, especially in Manaos and Ceara, during the latter part of last year. In Fortalez, the capital of the latter province, of which the ordinary population is returned at 23,000, no less than 9844 deaths from small-pox are said to have occurred during November, of which 1077 took place on the 28th and 29th of that month; and during the first eleven days of December 7547 more deaths from this disease were recorded. The present population of Fortalez, however, is said to be greatly in excess of its usual number, in consequence of the large influx of starving refugees from the interior, where famine prevails. Overcrowding, together with want of food, care, shelter, and medical attendance, have doubtless conduced to this remarkable fatality of small-pox, which remained unchecked up to the 13th of December, the date of the latest intelligence. It is stated that "black plague" also prevailed to some extent among these refugees. Small-pox was also fatally prevalent in other parts of Brazil, and during December 137 deaths from this disease were recorded in Rio Janeiro, 185 in Pernambuco, and 18 in Bahia.

CHARING-CROSS HOSPITAL.

WE are glad to learn that the usefulness of this hospital will shortly be increased by the extension of the school buildings. It is proposed, in fact, to erect new school premises adjacent to the hospital, on a plot of ground the property of the Duke of Bedford, who has visited the hospital, and expressed himself as well satisfied with the arrangements of the wards &c. The estimated cost of the new buildings is £10,000, and, should this sum be raised, the work will be at once commenced, and the buildings ready by Oct. 1st, 1880. The fund has already been promised £1000 by Lord Overstone, the president of the hospital; and the governors have determined to devote the larger portion of £5000 at their disposal for building to the same purpose. We deem their decision a wise one, as the work of the charity must be greatly increased and improved by the steps proposed to be taken, and we trust the amount required will be speedily forthcoming.

THE following vacancies will occur in the General Medical Council during the present year:—President: elected for five years in July, 1874. University of Oxford: Representative, Professor George Rolleston, M.D., elected for five years in Oct. 1874. University of Cambridge: Professor George Murray Humphry, M.D., elected for five years in September, 1874. University of London: John Storrar, M.D., elected for one year in October, 1878. Royal College of Surgeons of Edinburgh: Andrew Wood, M.D., elected for three years in August, 1876. King and Queen's College of Physicians in Ireland: Aquilla Smith, M.D., elected for one year in October, 1878. Royal College of Surgeons in Ireland: Rawdon Macnamara, M.D., elected for one year in February, 1878. Apothecaries' Hall of Ireland: Charles Henry Leet, M.D., elected for one year in August, 1878. For the Queen's University in Ireland, Sir Dominic Corrigan, Bart., M.D., was re-elected at the commencement of the year.

A MEETING convened by the Lord Mayor of Dublin, in pursuance of a requisition numerously signed, was held at the Mansion House last Tuesday, for the purpose of taking the necessary steps for establishing a Convalescent Hospital for that city. A committee was ultimately appointed to carry out all the required arrangements; and a subscription list was opened, which was headed by a donation from the Lord Mayor. It is expected that the Corporation of Dublin will subscribe towards the establishment of an institution which is so urgently required.

IN addition to Messrs. Swanzy, Bennett, and Baker, whose names we mentioned last week as candidates for the vacant seat on the Council of the Royal College of Surgeons in Ireland, which will be filled up on the 25th inst., may be added those of Mr. Madden, deputy surgeon-general, and Mr. Brunker, of Rathmines. We understand that the principal reason for Mr. Swanzy being a candidate is to advocate the recognition of ophthalmic surgery as a portion of the curriculum.

APPLICATION has been made to the Local Government Board to sanction a loan of £1200 for the erection of a Fever Hospital at Harwich. Another loan, amounting to £10,000, is also required for the contemplated sewage works of the town; but the Board has instituted a special inquiry instead of at once agreeing to the proposal.

AT a meeting of the trustees of the Hunterian Museum on Friday last, immediately after the Oration, which some of them attended, Lord Arthur Russell, M.P., was unanimously elected a trustee of the collection, in the vacancy occasioned by the decease of his uncle, Earl Russell, elected in 1853.

WE understand that one deputy surgeon-general, twenty-six surgeons-major or surgeons, and six civilian surgeons, are to accompany the troops now being dispatched as rapidly as possible for service at the Cape of Good Hope.

AT the assizes recently held at Leeds, Hezekiah Thornton, the notorious Bradford herbalist, was convicted of using instruments for the purpose of procuring abortion, and sentenced by Mr. Justice Lopes to ten years' penal servitude.

A LARGE East Indiaman is reported to have left eight cases of scurvy at Falmouth, on her way to the Thames from Cocanada.

ROYAL COLLEGE OF PHYSICIANS AND THE PLAGUE.

A MEETING of the College was held on Tuesday afternoon to discuss the measures which it is desirable should be taken in the public interest in relation to plague now prevailing in the East.

The PRESIDENT, after referring to the interest which had been manifested in the reports received in this country relative to the pest, stated that he had felt it would be desirable that the College should, as on similar occasions before, take some notice of the matter, and he had determined to call a meeting with this purpose in view. No sooner had he done so, however, than he found those in high quarters were anticipating some action on the part of the College. As it seemed likely that questions relative to the plague would be asked by the Legislature as to the steps that were being taken to acquire information and to guard against any possible sinister occurrence, he had summoned the meeting somewhat earlier than he had at first intended. He then saw the Lord President of the Council with the view of ascertaining whether there was any special point which the Government wished discussed and for other information. He stated that he felt sure the College would feel it necessary to suggest that some one should be sent from this country to the seat of the epidemic of plague to make personal investigation on the spot. There is a commission now at work in the district, comprising French, Austrians, and Germans. He left the Duke of Richmond with the understanding that he (the President) should suggest that step, whatever else might be done. The next day he received an official communication to the effect that the Government felt it expedient to make an effort to obtain full and reliable information about the plague and as to the remedies calculated to prevent the disease and its spread, and therefore requested the College to recommend a gentleman who could proceed to investigate the disease on the spot, and asking for information as to remuneration for this duty. The Russian Government had been requested to grant facilities for the inquiry. The President stated further, that he had seen the Duke of Richmond again, and pointed out the difficulties of obtaining any one gentleman possessed of the necessary requirements for such a duty, involving scientific competence, familiarity with the language of the districts where the plague is raging, and other qualifications. The Russian Government had subsequently offered the necessary facilities if the name of the gentleman selected, and the route by which he proposed to reach the infected districts, were furnished beforehand. As the matter of the appointment of this investigator was very pressing he had looked around amongst the fellows and others, and thought that a fit person might be forthcoming. Lastly, he wished the whole matter to be considered open to the College to discuss, but suggested that a committee should be formed to carry out details; he hoped, however, that power would be given the committee to appoint some delegate at once, who might be sent abroad.

Sir WILLIAM GULL felt sure the public would be relieved by knowing that the College had met and taken up the matter in hand. He had reason to know that the College was looked to on the present occasion to act in regard to it. Years ago the College appointed a commission to work at cholera, and although no very great result followed, no harm accrued to the College therefrom. He knew well the difficulty of the College in undertaking the proposed task, because it speaks with great authority, and must be careful not to commit itself to anything that is not well established and carefully worked out. At the same time they might do great good; and he proposed—"That a committee be appointed to obtain information, and report to the College, on the nature of the disease called plague now prevailing in Russia, and on the best means to be adopted for its prevention and treatment; and further, to nominate proper persons to the Government to proceed to the East, for the purpose of investigating the disease."

Dr. QUAIN seconded the motion, but in doing so stated that he considered that to nominate one person would be of no use. It would be wholly insufficient, and a commission alone would suffice. He seconded the motion on the distinct understanding that that was what would be meant by the College in passing the resolution.

Dr. STEWART supported the same view.

The PRESIDENT said the College must give a specific reply to the note of the Lord President, and that was scarcely met by the resolution. The Government expected an immediate reply to their request that some person should be nominated to go out to the East to investigate the plague. The College must also be specific as to its instructions to the Committee relating to the nominee, and a reference to his communications with the Government and his duties. Sir William Gull's motion was too general, he thought, in its terms.

Dr. QUAIN said he seconded the resolution on the ground that it would meet the necessities just alluded to by the President. Sir William Gull's motion met the case put by the President entirely as to what the Government require, and went a step further, and provided for a full inquiry.

Sir WILLIAM GULL remarked that it would be a thin conclusion to nominate a person to go to the East to investigate the plague and to do nothing else. There should be a committee of the College to act at once and to gather information.

Some discussion ensued as to the resolution being a suitable answer to the specific request of the Government, when Sir William Gull called attention to the agenda paper, which stated that the meeting was called to consider what steps should be taken in the public interests in reference to the plague, and that being disposed of, a special resolution might deal with the Lord President's letter. Several Fellows expressed their opinion in decided terms as to the desirability of appointing at least three persons as a commission, and, finally, Sir William Gull's motion was adopted.

Dr. BARCLAY then proposed a resolution that not less than three persons should be appointed as a commission to proceed to the East. This was seconded, whereupon an amendment was proposed by Sir WILLIAM GULL, and seconded by Dr. TILBURY FOX, in the following terms:—"That this College, whilst cordially accepting the offer of the Lord President that the College should nominate a person to go to the East to investigate the plague, desires to express the opinion that more than one person should be named for the purpose, and that the President should report their views in this matter to the Lord President."

A long discussion ensued relative to the motion and the amendment, from which it was perfectly clear that the College was unanimous in its opinion that not less than three persons should be appointed "a commission" to investigate the plague on the spot, but the amendment of Sir William Gull was thought to be couched in more courteous terms, and was, on that ground, carried by a large majority. Sir William Gull was particular to impress upon the College the idea that the Government was disposed to look more and more to the College for advice upon medical topics of public interest, and that the College should, therefore, do its best to meet so important a step.

The President then nominated as a committee Dr. Acland, Dr. Paget, Sir William Gull, Dr. Sanderson, Dr. Murchison, Sir Joseph Fayrer, Dr. Broadbent, Dr. Pye-Smith, the

Senior Censor, Dr. Barclay, to which list the name of Sir William Jenner was added by desire of the College. To the question why no representative of the Public Health Department was added to the committee, the President replied that there were difficulties in the way, and he believed that its members could afford better aid if not so represented.

MR. PARKER'S LECTURES AT THE COLLEGE OF SURGEONS.

THE annual course of this excellent morphologist commenced at the College of Surgeons on the 10th inst., and is devoted to the Evolution of the Vertebrata.

In the introductory lecture Mr. Parker stated that he might divide the work he had done into three decennial periods. In the first of these his attention had been chiefly devoted to the vertebrata, and we may add that many of the beautiful skeletons of birds in the Museum of the College of Surgeons were prepared by him. In the second period he had been associated with Professor Rupert Jones in the examination of the rhizopoda, an examination which had been so far of advantage to students that the several thousand species that had been published were reduced to about forty, the remainder being intermediate or variable forms. In the last period his attention has again been directed to the vertebrate series. The Professor then referred to the evolutional hypothesis, and contended for its superiority over the old creational theory. He pointed out how *new* parts were rarely if ever introduced, but that the whole organisation of the higher animals was a modification of pre-existing forms and organs. Many intermediate forms had passed away, and those that remained were often only the waifs and strays of originally large groups.

A general description of a vertebrate animal was then given, especially bearing upon the skeleton, and reference was made to Mr. Balfour's observations on the development of the elasmobranch fishes, with which the Professor stated his own researches were in complete accordance. In reference to the formation of the hard parts, a distinction was drawn between the exo-skeleton and the endo-skeleton, both of which are composed in the first instance of cartilage. He pointed out that of the labial cartilages the limbs and limb girdles, and the intercalated cartilage of the median fins of fishes, as well as all subcutaneous plates, were exo-skeletal, whilst the axial skeleton was endo-skeletal. These parts were sometimes more or less confluent. They were hardened with a new salt of lime, as compared with the invertebrata; for whereas the latter were hardened with carbonate, the hard parts of vertebrata were indurated with phosphate of lime, conferring upon them greater strength, as well as a considerable amount of elasticity.

In the second lecture Professor Parker referred to the secondary coalescence that in various instances takes place between the endo- and the exo-skeleton, and to the not infrequent occurrence of membranous tracts in the lower forms, which become endo-skeletal in the higher forms, and tend to confusion in nomenclature by their partial fusion with exo-skeletal parts. No part seems to be utterly lost, but when occasion requires it, it comes again to the fore. The formation of the skull of the lower vertebrata, as the lamprey and hag, were then described, and the morphological changes noted that are impressed on these rudimentary skulls in the construction of the skull of the elasmobranches. Even these, however, were shown to present great simplicity of structure, or, as the speaker explained, there was coincidently with the presence of many parts a remarkable arrest of metamorphosis, leaving them in a non-specialised form. The highest types of fish were represented in the osseous forms, as the perch, and these could be reached along ganoid lines through the amia calva, whilst the lepidosiren, protopterus, and ceratodus might be reached through the chimæra, both the amia and chimæra being living forms. The osseous fishes must be regarded as a culminating type. It was, he pointed out, impossible to ascend the tree of evolution further in that direction; and just as no cross branches connect the ultimate twigs of a branch, so we must descend from them to the trunk, if we would climb up to higher types.

THE PLAGUE.

GENERAL LORIS MELIKOFF, Governor-General of the Provinces of Astrakhan, Saratov, and Samara, telegraphed on the 11th inst. to the Russian Ministry of the Interior as follows:—

"According to the report of the Governor of Astrakhan, there are no new cases of the epidemic. The little girl who had been attacked at Selitrenny is dead. No other case of the epidemic exists. Notwithstanding, measures for the sanitary amelioration of the country continue to be pressed energetically."

The Governor-General has been empowered to try by court-martial any persons who may attempt to break the sanitary cordon; in other words, the infected district is put under martial law. The different villages within the district are to be connected by telegraph, and flying medico-sanitary corps organised so as to move without delay upon any place where cases of fatal disease appear, whether it be plague or any other malady. Professor Jacoby, of the University of Kharkov, is lying seriously ill at Tsaritzyn. Professor Münch, of the University of Kiew, has been despatched to the infected district by the *City of Moscow*. The Red Cross Society is taking active measures to provid for future contingencies, and a popular manual on plague and its prevention has been prepared by Dr. Ilinsky for general distribution among the people.

The great cities of Russia are continuing to push forward the measures best calculated for their protection in the event of plague becoming active and spreading as the summer approaches, and maritime authorities have not yet exhausted their freaks of quarantine. The latest news from the Mediterranean states, indeed, that Egypt is about to refuse admission to her ports of all vessels from ports in the Black Sea, the Sea of Azov, from Turkish ports, and from the Barbary Coast. This is a more logical process than quarantine, at any rate.

Correspondence.

"Audi alteram partem."

THE RECONSTITUTION OF THE GENERAL MEDICAL COUNCIL.

To the Editor of THE LANCET.

SIR,—The series of "leaders" that have recently appeared in THE LANCET upon the shortcomings of the General Medical Council cannot fail to arrest the serious attention of the profession, and to fix it upon the dissimilarity between the design of its formation and the performance of its purpose. The attainment of an elevated and uniform standard of education was its avowed principal object. It was pledged both to the profession and to the public to make, as the great end of its efforts, the supply of a maximum of competent medical practitioners, at a minimum of examinations and rejections, whereas, in the editorial review already referred to, it is shown that the number of rejections has increased and is increasing, while the standard of educational requirements is in some points lowered. This signal failure in the end and purpose of the Council is traceable to its composition, as with force and justice you have pointed out. The voice of the profession at large is not heard in the Council chamber; instead thereof is the feeble and hushed whisper of vested interests—the *susurrus* not of a hive of bees, but of an assembly of metaphorical males of those insects.

What, I would ask, has the Medical Council given us in return for our fees? What have the collective representatives of corporate bodies been able to show as the outcome of their deliberations? Has the public any stronger guarantee than it had twenty years ago that it should be furnished with competent and reliable practitioners of medicine? Has the profession any further protection than it had? Has the vast body of general practitioners any nearer prospect of a share in the management of their own affairs? Certainly an emphatic negative must be given to each of these ques-

tions, and that because of the total absence of the representative element among the medical members of the Council. So long as the body of the profession is to be misrepresented by nominees of the medical corporations, so long will the public be kept in ignorance of their best interests on questions of medical legislation.

In your third leader on this matter (Dec. 4th), you have enumerated the accomplished labours of the Medical Council; and methinks you must have become jocose, if not sarcastic, as you summed up the results. But it is a grave consideration that we have only this "halfpennyworth of bread," these few grains of wheat amidst so much chaff. It is, however, hopeless to expect any nearer approach towards the attainment of the anticipated benefits of the supervision of the Council until the Council shall be reconstituted, and shall be in actuality what it is now in mere simulation—representative of the entire medical profession.

It would be a superfluous occupation of your space to dwell further in detail upon the points that you have so ably enforced. I have ventured only thus far in the hope of drawing the attention of your readers to the urgent necessity that exists for a radical change in the present state of things.

I remain, Sir, your obedient servant,

London, Feb. 15th, 1879. F.R.C.S. ENG.

"TIME NIHIL."

To the Editor of THE LANCET.

SIR,—Will you allow me to state, in justice to the managers of the Seamen's Hospital, that they have, from the institution of Hospital Sunday in London, given effect to Dr. Glover's motion, by publishing in a tabular form (copy enclosed) the detailed accounts which they are bound to send each year to the Council of the Fund. In these tables you will perceive the amounts spent upon "maintenance and management" are fully set forth. If the writer of the annotation "Time Nihil" will refer to an annotation "Sick Sailors," which appeared in THE LANCET of Feb. 23rd, 1876, he will find it thus stated:—"We congratulate the Seamen's Hospital Society, not only upon its financial well-being, but also on the excellent balance-sheets with which it satisfies the natural and proper curiosity of the public. The form of balance-sheet is, we believe, that which is required by the Hospital Sunday Fund from all participators in its benefits, and it is much to be desired that it should be universally adopted by charities, in order that the public may see at a glance whether its contributions be used wastefully or prudently."

The accounts have not been altered since the above accurate account of them appeared in THE LANCET; so that you will be able to judge from the report I shall hope to send you next week, whether "the economy of five years ago" still exists in its entirety, without waiting for Dr. Glover's motion to take effect.

I am, Sir, your obedient servant,

HENRY C. BURDETT.

Seamen's Hospital Society, Greenwich, Feb. 8th, 1879.

*** We are very glad to know that no change has taken place in the management or other expenses, and it is most satisfactory to learn from so high an authority as the Secretary that such is the case. This letter was unavoidably omitted last week from want of space.—ED. L.

PARLIAMENTARY PROCEEDINGS.

HOUSE OF COMMONS.

Friday, Feb. 14th.

THE CATTLE DISEASE.

IN reply to questions by Mr. Rathbone, Mr. Chaplin, and Mr. Mundella,

Lord G. HAMILTON said,—The facts upon which the Order in Council was made are very simple. For some time past the Privy Council have from different quarters received intimations that there was in the United States a considerable amount of disease among cattle and other domestic animals. I have in my hand a report, or rather a message, from the President of the United States, communicating to the Senate, in February, 1878, information in relation to the diseases prevailing among domestic animals. In the Appendix, page 144, of this report, are the opinions of the different men of authority and experience upon the subject. The Lord President did not feel justified in excluding, upon the information before him, the import of live cattle except for slaughter, from the United States, until he had conclusive proof of what the nature of this lung disease was, and that there was a real danger of pleuro-pneumonia being brought into the country from the States, there being no single case of that disease being brought from the United States up to the 26th of January, 1879. During the last three weeks pleuro-pneumonia of a contagious character has been detected in three cargoes of live cattle, brought over in the steamships *Dominion* and *Ontario*, from Portland, and the *Istrian*, from Boston. An order was therefore issued prohibiting import of live cattle from the United States after the 3rd of March, but not from Canada, which is not only quite free from disease, but has recently issued an order prohibiting the import of live cattle from the United States. Twelve cargoes have arrived since that of the *Ontario*, all healthy, except in the case of the *Istrian*. The date of the 3rd of March was fixed as it was considered only fair to allow cargoes shipped at the time of the order to be landed, if healthy. If any disease exists among them, all will be slaughtered. It is hoped that by the 3rd of March a foreign animals wharf will be opened at Birkenhead with every accommodation for the slaughter of animals coming from the United States. On the Liverpool side ample accommodation will be provided by the same date for the lairage, and, if necessary, the slaughter, of animals from unscheduled countries, and the present inconvenient landing place be abandoned. I will lay the correspondence asked for, together with the report I have alluded to, upon the table of the House.

Mr. W. E. FORSTER asked whether the information referred to was known to the Government in time to be utilised in the preparation of the measure of last year.

Lord C. HAMILTON replied that it was in the possession of the Lord President in November last.

THE MEDICAL COUNCIL.

Mr. WADDY asked whether the Government had received from the General Medical Council the report on the working and constitution of the Council, promised in July last. If not, whether the Government had any hope of soon receiving it. Further, if it would consent, in deference to the strong feeling of the necessity for a change in the constitution of the General Medical Council, to postpone legislation for amending the Medical Acts till this part of the subject could be included.

Lord G. HAMILTON said,—The Government had not received at present any communication from the Medical Council on the subject of the working of the Council. The Medical Council referred the subject to its Executive Committee, and since that time there has been no meeting of the Council. The amendment of the Medical Acts as regards education, foreign diplomas, education of midwives, and other important matters contained in the Government Bill of last year, can proceed without prejudicing the subject of the Medical Council; but, as before stated, the Government desire to obtain further information before coming to a decision, and propose to institute an inquiry into the subject of the constitution of the Medical Council.

Monday, Feb. 17th.

PREVENTION OF FLOODS.

Mr. CROSS, in answer to Mr. A. Peel, said that the Lord President would before long introduce in the other House a separate measure dealing with the question of River Conservancy and the Prevention of Floods.

LUNACY LAW REFORM.

In reply to Mr. Dillwyn, Mr. CROSS intimated that the Government thought the laws relating to lunacy ought to be consolidated, and he would put himself in communication with the commissioners on the subject.

THE PLAGUE.

Mr. SCLATER-BOOTH, in answer to Mr. Waddy, stated he had given directions that the medical reports relating to the reappearance of the disease should be collated and presented to the House.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen have been admitted Licentiates of the College:—

Bell, Thomas Arthur, Falmouth-road.
Bennington, Robert Crewdson, Vivian-road.
Brown, Edward, St. Bartholomew's Hospital.
Burton, William Henry, M.B. Toronto, London Hospital.
Cant, William John, Neehells, Birmingham.
Cowie, Andrew James, M.D. Pennsylvania, Ladbroke-grove.
Davis, David Henry, Oakleigh-park.
Day, William White, Tadcaster.
Douglas, Arthur Latham, Cowley-street.
Fardon, Edward Ashby, Middlesex Hospital.
Gillam, Thomas Henry, Great Northern Hospital.
Gillies, Niel, M.D. Kingston, Lambeth-road.
Hebert, Paul Zotique, M.D. McGill, Lambeth-road.
Hetherington, George Haynes, St. Mary's Hospital.
Hine, Alfred Leonard, Oakley-street.
Hope, Edward William, M.B. Edin., Chesham-place.
Jones, James Robert, M.B. Toronto, London Hospital.
Kittson, Edmund Graves, M.D. McGill, Lambeth-road.
Lesslie, Ralph Bidwell, M.D. Toronto, Storey's-gate.
Lofthouse, John, Rochdale.
McSwain, Angus, M.D. Massachusetts, Lambeth-road.
Osborne, James, Southwell.
Pardington, George Lucas, St. Bartholomew's Hospital.
Porter, William Smith, Broomhill, Sheffield.

APOTHECARIES' HALL.—The following gentlemen passed the examination in the Science and Practice of Medicine, and received certificates to practise, on Feb. 13th:—

Rigden, Benjamin, M.R.C.S. Eng., Canterbury.
Westwood, Henry Owen, L.R.C.P. & S. Ed., The Laurels, Stourbridge.

The following gentlemen on the same day passed the Primary Professional Examination:—

John William Jerome, King's College; Charles Torbitt, Birmingham; Edward Arthur Wood, St. Mary's Hospital.

[In the list of candidates at the Preliminary Examination in Arts published Feb. 1st, the second name in the first class should be Frances Harris, the candidate being a lady.]

COLLEGE OF PHYSICIANS IN IRELAND.—At the February examinations the following obtained the licences in Medicine and Midwifery:—

MEDICINE.—Patrick Francis Coghlan, John David Collier, Peter Frederick Newland, John Dominick Quin.
MIDWIFERY.—Peter Frederick Newland.

DR. ALFRED BANKS, the medical officer of the Donegal Dispensary District, has died from typhus fever, caught in the discharge of his duty.

THERE were 1646 deaths registered in London last week, representing a mortality-rate of 23·7 per 1000, against 26·5 in the week preceding. Twenty deaths were attributed to small-pox, 17 to measles, 31 to scarlet fever, 7 to diphtheria, 67 to whooping-cough, 18 to different forms of fever, 15 to diarrhœa, 295 to bronchitis, 102 to pneumonia, and 53 to some form of violence.

AT the weekly meeting of the Board of Guardians of the Gort Union, the following resolution was passed unanimously:—"That this Board, fully appreciating the services of Dr. Nally in connexion with the case of small-pox imported into the Kinvara district, place on record their opinion that, under Providence, it is due to his untiring zeal, ability, and unceasing superintendence, that there has been no extension of the disease in that portion of the Union."

WESTMORELAND LOCK HOSPITAL, DUBLIN.—In consequence of the death of Mr. McDowell, the senior surgeon, an election for a junior surgeon will take place on the 1st proximo. There are numerous candidates for the appointment, the salary attached to which is £100 per annum.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—The next meeting will be held at Adam-street, Adelphi, to-day (Friday), at 7.30 P.M., when the Council will present a report with regard to the preparation of a model code of regulations for lodging-houses in urban districts, under the 35th section of the Sanitary Act, 1866. Afterwards Dr. Dudfield will make some remarks on the Order in Council for the regulation of dairies, cow-sheds, and milk-shops; Dr. George Buchanan will deliver an address on "The evidence of prevalence of Summer Diarrhœa deducible from old Bills of Mortality;" and Mr. Shirley F. Murphy will read a paper entitled "Autumnal Diarrhœa."

VACCINATION GRANTS.—The three public vaccinators for St. Leonard, Shoreditch, Drs. Greenwood, Leonard, and Burchell, have received £91 18s., £88, and £32 14s. respectively, for efficient vaccination. This is the fourth time consecutively that these gentlemen have received the Government grant. Mr. Charles Ballard, of Oxford, has also received, for the second time, a gratuity for successful vaccination.

SANITARY STATE OF LIMERICK.—At a recent meeting of the Urban Sanitary Board, a report was received from Dr. Barry, medical officer of health, drawing attention to the insanitary condition of the city. It stated that there was an enormous increase in the death-rate, and that the alarming spread of infectious diseases showed the absence of active sanitary measures. The death-rate during the month of January averaged 45·4 per 1000 inhabitants.

SENTENCE ON A MEDICAL OFFICER.—The "Globe" of the 20th inst. contained the following:—"Lord Chief Justice Coleridge this morning, at Warwick Assizes, passed sentence on Thomas Millership, a surgeon, for the manslaughter of George Bastock. The prisoner was the medical officer of the Coventry Union, and received the customary orders to attend deceased professionally. Eighteen messages and notes were sent, extending over four days, but all were disregarded, and he never attended until the child was dead. The judge sentenced the prisoner to four months' hard labour, remarking it was necessary to punish such serious neglect with severity."

Medical Appointments.

ATKINSON, G. P., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Pontefract Union Workhouse, at £50 per annum, vice Macaulay, resigned.

BAYNES, J., F.C.S., has been appointed Public Analyst for the Borough of Louth, at £10 10s. per annum, and 10s. 6d. for each analysis of food or drugs, and £1s. for each analysis of water.

BLAKLAND, H., L.R.C.P.L., M.R.C.S.E., has been appointed House-Physician to the Sydney Infirmary, vice Frean, appointed a House-Surgeon.

GRAHAM, J. T., M.D., C.M., has been appointed a Visiting Medical Officer to the County and City Infirmary, Perth, vice Frew, resigned.

HANNAY, J., L.R.C.P.Ed., L.R.C.S.Ed., & L.M., has been appointed Medical Officer to the Weobley Union Workhouse, Medical Officer and Public Vaccinator to the Weobley District of the Weobley Union; also Medical Officer to the Enterprise Court of the Ancient Order of Foresters, Weobley, vice Applebe, resigned.

HITCHINS, C. V., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the Weston-super-Mare Urban Sanitary District, at £45 for one year.

JACKSON, J., M.B., L.R.C.S.I., has been appointed Medical Attendant to the Royal Irish Constabulary, Drum, co. Monaghan, vice Jolly, resigned.

JONES, R. H., M.R.C.S., L.R.C.P., has been appointed House-Surgeon to the Northern Hospital, Liverpool, vice Allan.

LYELL, R. W., M.D., F.R.C.S.E., has been appointed Ophthalmic Surgeon to the Great Northern Hospital, vice Tweedy, resigned.

MCGEAGH, W., M.D., M.Ch., M.R.C.S., has been appointed House-Physician to the Northern Hospital, Liverpool, vice Jones.

MOORE, J. W., M.R.C.S.E., has been appointed House-Surgeon to the West Bromwich District Hospital, vice Rowe, resigned.

MURISON, J. F., M.B., C.M., has been appointed Certifying Factory Surgeon for Bankfoot, Perthshire, vice Craib.

NEALE, J. E., M.R.C.S., L.S.A.L., has been appointed Assistant House-Surgeon to the Northern Hospital, Liverpool, vice McGeagh.

PARSON, W., M.R.C.S.E., M. & L.S.A.L., has been reappointed Medical Officer of Health for the Godalming Urban Sanitary District, at £15 15s. per annum, for the year ending 9th April, 1880.

PERRY, G. J., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for the Melksham Urban Sanitary District.

PRICHARD, J. E., B.A., M.R.C.S.E., has been appointed House-Surgeon to the Tiverton Infirmary and Dispensary, vice Lloyd, resigned.

PROWSE, A. B., M.B., M.R.C.S., has been appointed Resident Medical Officer to the London Fever Hospital, vice Harvey, resigned.

REDMOND, J. M., L.R.C.Q.C.P.I. & L.M., L.R.C.S.I., has been appointed Supernumerary Temporary Physician to the Cork-street Fever Hospital and House of Recovery, Dublin, vice Gunn, resigned.

RYLEY, H., L.R.C.P.L., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Cheriton-Fitzpaine District of the Crediton Union, vice McClure, resigned.

SINCLAIR, R., M.B., has been appointed Physician to the Dundee Royal Infirmary, vice Maclagan, resigned.

STOCKER, C. J., L.R.C.P.L., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the East Ham and Little Ilford District of the West Ham Union, vice Goodicke, deceased.

TYLECOTE, E. T., M.D., M.R.C.S.E., has been reappointed Medical Officer of Health for the Colwich Sub-district of the Stafford Rural Sanitary District, at £30 per annum.

WITZ, J. F., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Lastingham District of the Pickering Union, vice Mackay, deceased.

Births, Marriages, and Deaths.

BIRTHS.

BRABAZON.—On the 11th inst., at Lymm, the wife of William Philip Brabazon, M.D., of a son.

DRUMMOND.—On the 13th inst., at Ellison-place, Newcastle-on-Tyne, the wife of David Drummond, M.D., of a daughter.

GILLESPIE.—On the 9th inst., at Frenchpark, co. Roscommon, the wife of Michael Joseph Gillespie, M.D., of a daughter.

LIDDELL.—On the 13th inst., at Flymstock, the wife of H. J. S. Liddell, M.R.C.S.E., of a son.

PEART.—On the 13th inst., at Dockwray-square, North Shields, the wife of R. S. Peart, M.D., of a daughter.

WESTMORLAND.—On the 16th inst., at 108, York-street, Cheetham, Manchester, the wife of Joseph Westmorland, Surgeon, of a son.

YOUNG.—On the 11th inst., at 13, Via dei Fossi, Florence, the wife of David Young, M.D., of a son.

MARRIAGES.

JACKSON—SMITH.—On the 19th inst., at the Parish Church, Putney, by the Rev. J. Kay Booker, M.A., assisted by the Rev. H. S. Prior, M.A. (cousin to the bride), Robert Alexander Jackson, L.R.C.P.I., M.R.C.S., &c., of 13, Ladbroke-grove, W., eldest son of Robert Jackson, M.D., of Notting-hill, to Clara Gertrude, youngest daughter of William Henry Smith, Esq., of 22, The Cedars, Putney.

LOW—STANDRING.—On the 11th inst., at St. Margaret's, Lee, Frank Harrison Low, M.B., to Fanny Grace, daughter of John Standring, Esq.

WILLIAMS—MOORE.—On the 4th inst., at Holy Trinity, Tulse-hill, Trevor William Wynn Williams, M.R.C.S.E., to Alice Burney, daughter of the Rev. W. C. Moore.

DEATHS.

BANKS.—On the 7th inst., at Donegal, Alfred Banks, M.B., aged 26.

BROWN.—On the 15th inst., at Lady-lane, Waterford, Samuel William Brown, L.K.Q.C.P.I., aged 33.

CARTER.—On the 13th inst., at Deal, George Redsull Carter, M.R.C.S.E., aged 68.

COURTNEY.—On the 10th inst., at Peshawur, Sydney C. Courtney, M.R.C.S.E., Surgeon-Major, Bengal Army, aged 43.

CROSS.—On the 8th inst., at Newtownards, co. Down, Richard Hamilton Cross, L.K.Q.C.P.I.

CROSSING.—On the 13th inst., at Stoke, Thomas Crossing, M.R.C.S.E., aged 81.

HOUGHTON.—On the 12th inst., at Dudley, John Hyde Houghton, F.R.C.S.E., aged 63.

LEDWICH.—On the 18th inst., at Dublin, Edward Ledwich, F.R.C.S.I., aged 65.

MERCER.—On the 12th inst., at Wadhurst, William Mercer, M.R.C.S.E., aged 59.

MILLER.—On the 11th inst., at Broomfield, Shandon, N.B., Hugh Miller, M.D., aged 66.

QUINLAN.—On the 17th inst., at Leinster-road, Rathmines, Dublin, John Peter Quinlan, L.R.C.S.I.

SCORESBY-JACKSON.—On the 9th inst., at 11, Rutland-street, Edinburgh, Elizabeth Whyte, widow of the late Robert Edmund Scoresby-Jackson, M.D., F.R.S.E., &c., and only child of Sir William Johnston, of Kirkhill, aged 49.

WHITE.—On the 13th ult., John White, L.R.C.P.Ed., of Rich-hill, co. Armagh.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages and Deaths.*

METEOROLOGICAL READINGS.

(Taken daily at 8 a.m. by Stewart's Instruments.)

THE LANCET OFFICE, Feb. 20th, 1879.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb	Dry Bulb	Solar Radiation in Vacuo	Max. Temp Shade	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Feb. 14	29·51	S.	45	46	..	49	29	0·25	Overcast
,, 15	29·63	E.	40	40	..	43	39	..	Overcast
,, 16	29·10	N.W.	39	41	..	45	38	0·33	Raining
,, 17	28·98	S.E.	36	37	..	43	34	0·06	Raining
,, 18	29·17	W.	34	35	..	43	32	0·20	Cloudy
,, 19	29·44	W.	37	38	..	46	33	0·13	Raining
,, 20	29·13	W.	34	36	..	43	33	0·19	Cloudy

Notes, Short Comments, and Answers to Correspondents.

DOMESTIC NEGLECT.

THE danger of leaving poisonous substances within reach of children has been further illustrated by a startling case reported from Bristol. A little boy, having discovered a paper parcel containing some powder which he mistook for flour, poured the whole contents into a pudding his mother was preparing at the time. The result was the poisoning of the whole family, six in number, and of a friend who tasted the pudding. Fortunately but one death has resulted. An analysis now in progress will disclose the nature of the poison.

GLANDERED CATSMEAT.

A PARAGRAPH in the Registrar-General's last Weekly Return notices a fact which is suggestive of a decidedly unpleasant inference. It is noted that the death of a catsmeat dealer, aged nineteen years, was referred to "farciminum, causing gangrene of fauces"—in other words, to glanders. We hope that the announcement of this fact will cause investigation into the circumstances of the case. It would certainly appear to be necessary, beyond ordering the destruction of a glandered horse, to adopt some measures to secure such a destruction of the carcase as to prevent the possibility of other catsmeat dealers suffering the above-mentioned fate, or of the introduction into our households of glandered horseflesh.

Sphygmograph.—Millikin, 5, St. Thomas's-street, Borough.

PUERPERAL CONVULSIONS.

To the Editor of THE LANCET.

SIR,—The following may perhaps be of interest to the readers of THE LANCET. Unfortunately I took no notes of the case, and am unable to enter into the minute details of it.

On Dec. 25th, 1876, at 11 P.M., I was summoned to see MRS. B——, aged twenty-two, residing at a village two miles distant. On arriving at the house I found my patient in bed, quite unconscious, breathing heavily, and with blood and froth about her lips. On inquiry, I ascertained that she was daily expecting to be confined of her first child, that she enjoyed good health, and had been left alone in the house, apparently perfectly well, her friends having gone out to spend the evening. On the return of her mother about 10 P.M., she was discovered resting partly on the bed, partly on the floor, insensible, with livid face, clenched teeth, and blood flowing from her mouth, the blood proceeding from the tongue, which was afterwards found to be severely bitten. She was at once placed in bed, and her husband despatched for me. On vaginal examination, I found the os slightly dilated, with the head of the child presenting. Immediately after the examination she had a severe fit, lasting several minutes. Having placed a gag between her teeth, I returned home for some chloroform and the forceps. On regaining the house, I was informed that the woman had had several fits during my absence. At 2 A.M. (Dec. 26th) I administered chloroform, desisting occasionally for a few minutes. While under the influence of the anæsthetic the convulsions entirely ceased, but returned as soon as the effects of it were off. Uterine contractions recurred at regular intervals, gradually increasing in frequency and force. Chloroform was given until a little after 6 A.M., when, finding the os sufficiently dilated, I ruptured the membranes, and applied the long forceps. During the time the head was pressing on the perineum the woman had a violent convulsion, which continued until the child was born (6.30 A.M.), the struggles of the woman rendering the extraction of the head exceedingly difficult; the soft parts, however, fortunately received no injury. One hour after the birth of the child the woman had a convulsion, but less severe than the preceding ones, she still remaining in a state of coma. I saw her again a few hours later. She had had no return of the fits, but otherwise the symptoms remained unaltered. I ordered ice to be applied to the head, and saw her at intervals until Dec. 28th. Up to this date her condition remained the same, with the exception of her breathing, which was more natural and regular. The urine was passed involuntarily, in consequence of which I was unable to procure any for examination. At 2 P.M. I induced her for the first time to swallow a spoonful of beef-tea; and in reply to my question, "Is it good?" she answered "Aye," this being the first word she had uttered since the birth of the child, a period of fifty-five and a half hours. How long she had been insensible before she was first discovered is, of course, unknown. From that time my patient gradually regained consciousness, taking beef-tea &c. eagerly. At 10 P.M. she wished to know whose child she heard crying, and was greatly surprised to hear that it was her own, having no recollection of anything that had occurred, neither did she remember speaking to me in the afternoon. The woman from that time never had an unfavourable symptom, and made a rapid recovery. About five weeks ago, after a short and natural labour, she gave birth to her second child.

Yours faithfully,

Keighley, Yorks, Feb. 11th, 1879. R. C. HOLMAN, M.R.C.S.E.

An Inquiring M.B.—It would be useless to answer the questions put by our correspondent, as all medical appointments to the army are at present in abeyance. The subject of a new Warrant regulating the conditions of service is believed to be under the consideration of the Secretary of State. As soon as these are settled, we shall bring them under the notice of our readers.

Dr. O'Neill's paper will appear in an early number.

SANITATION IN TOTTENHAM.

To the Editor of THE LANCET.

SIR,—In reference to an annotation in your issue of Feb. 8th, relative to the Sanitary Association of Tottenham, we consider it our duty, as medical officers of health for the Tottenham district, to state that it is calculated to create an erroneous impression on the minds of readers.

There have been a great many improvements carried out by the Local Board of Health, who are always ready to act on our suggestions, and we can confidently assert that the health of last year, considering the great increase of population, which is now nearly 34,000, compares favourably with that of previous years.

The assertion that there was an outbreak of enteric fever last year is totally without foundation; the seven deaths which occurred from that disease were sporadic, and took place at considerable intervals.

Yours obediently,

W. T. WATSON, M.D. Dub. & Oxon.
C. T. CONOLLY, M.R.C.S.

Tottenham, Feb. 19th, 1879.

LONDON COTTAGE MISSION.

THE poor necessitous children in Limehouse were invited by the agents of the London Cottage Mission, of 14, Finsbury-circus, E.C., to their seventh Irish-stew dinner given on Wednesday, the 12th instant, at their Conder-street Hall, Limehouse, E. Great eagerness was shown for admittance by a vast number who had not received tickets; and their faces and appearance betokened real want. A large number of these were afterwards admitted, and thoroughly appreciated the kindness thus shown to them. It is to be hoped that a mission doing so Christlike a work in feeding the hungry little ones, and looking after in numerous ways the spiritual wants of the people, will receive the hearty practical support and sympathy of our benevolent readers, and that they will aid the funds by sending a donation to Miss Napton, 304, Burdett-road, Limehouse, E.; or to Mr. Walter Austin, at the Office of the Mission, 14, Finsbury-circus, E.C.

Mr. Horner.—The matter is one that cannot be raised in our columns.

THE SALPÉTRIÈRE CLINIQUE.

To the Editor of THE LANCET.

SIR,—Judging from the newspaper reports of Professor Charcot's proceedings, a great many erroneous ideas are current on the subject of the Salpétrière experiments. It is commonly believed that the phenomena now under observation are of recent discovery, and one can scarcely take up a newspaper, lay or scientific, without stumbling on an account of a new symptom, or else being nonplussed by the contemplation of some of these new metallo-therapeutic polysyllables, which the learned in these matters never seem to tire of inventing. We constantly meet with such phrases as the following:—"The *phenomènes de transfert* first described by the learned Professor of the Salpétrière," "that condition to which M. Charcot has given the name of ——," &c. &c. Those who are unversed in the history of mesmerism take up the chorus which is constantly swelling, and the busy practitioner of medicine, who perhaps does not remember the last revival, and whose modest library contains no works referring to the subject, takes it for granted that the newspaper reports are exact. It is to be observed, however, that Professor Charcot is not responsible for these relations. In his lectures, which have been published in THE LANCET and elsewhere, the fullest credit is given to those to whom he is indebted for his inspirations, and he has even proposed that the word "Burqism" should be used to signify the metallic system of treatment. He is far too well posted in the history of medicine to originate the statements which the enthusiasm of his young disciples occasionally leads them to advance. The Salpétrière investigations simply amount to this: Professor Charcot has recently undertaken a series of experiments relating to nervous conditions inducible in hysterical subjects, almost all of which have already been described by former observers. In the course of these researches he has been able to verify many facts which until recently have appeared more than doubtful; but beyond this he has ventured but little. He has simply affixed a *visa* which the uninitiated have mistaken for the stamp of originality. The *phenomène de transfert*, for instance, of which so much has been written, was described by the French Commission appointed to inquire into the action of magnetic plates towards the end of the last century (see Magnetisme, Dict. des Sciences Médicales). The writers on the magnet and animal magnetism give numerous instances of the action of metals. Results similar to those obtained by M. Burq have been published by Reichenbach, Gregory, Lee, Ashburner, Elliotson, and hosts of others, both in their books and in the periodicals devoted to these subjects. From the very earliest times they were employed externally, and this quite independently of their use as amulets. All the old writers mention the use of leaden plates, and this metal was also employed in circlets, which were supposed to calm the "amorous ardors" to which women were subject. When we associate this with the Hippocratic explanation of hysteria, the mode of treatment does not seem unlike metallo-therapy. Aristotle also recommended a bronze cup to be applied in certain cases, and this is a metal for which M. Burq has an especial predilection. Marcellus, Empocurus, Alexander, Trallianus, Petrus d'Abano, and others prescribed the application of gold in colic, gout, and nephritic pains; and from the time of Ætius, who cured convulsions with the magnet, iron externally has always been credited with admirable virtues. As to the recent mesmeric phenomena, Azam long since described the hemicataleptic condition which now figures as the latest discovery. Braid observed that his subjects could be de hypnotised by blowing in their faces, and this was also noted independently by Pinel. When, too, we remember that a small bright light was used for the induction of these abnormal nervous conditions, it is not very remarkable that a strong one has still the same effect.

Yours faithfully,

Paris, Feb. 1879. OSCAR JENNINGS, M.D.

Jacobus had better consult our Students' Number of Sept. 14th last, where will be found full information of the course of study prescribed by the University named.

THE RATIONAL TREATMENT OF PSORIASIS.

To the Editor of THE LANCET.

SIR,—Mr. Startin's letter on the above subject, in your last issue, has induced me to send a few lines on a form of external treatment which I have used for some years, and which has been followed in all cases with favourable results. I do not wish it to be understood that I claim for it any specific action. It is a purely local adjunct to the ordinary treatment by arsenic &c., and consists in the application two or three times a day of the following lotion: Balsam copaibæ, four drachms; liq. potassæ, two drachms; water to eight ounces. My friend Dr. Cavet of Waterford, in the Leper Hospital, at my suggestion, tried this lotion on one leg of a patient suffering from psoriasis, and carbolic oil on the other. The result was greatly in favour of the balsam lotion.

Your obedient servant,

Whitwick, Feb. 17th, 1879. WILLIAM DONOVAN.

A STEP IN THE RIGHT DIRECTION.

WE are informed that the guardians of the Wandsworth and Clapham Union, in reply to a memorial from the district medical officers, have resolved to allow twenty shillings for each midwifery case, instead of ten shillings as hitherto. This is a step in the right direction, as the ten-shilling fee is very small in proportion to the work performed, and also indirectly lowers the private midwifery fees.

Inquirer.—Herman or Flint. Through any bookseller.

FILARIA SANGUINIS HOMINIS IN CHYLURIA.

To the Editor of THE LANCET.

SIR,—Permit me to make a few observations on the subject recently brought forward by so eminent an authority as Sir Joseph Fayrer.

I had an opportunity of studying six cases of chyluria at Jamsetjee Hospital, Bombay, in 1875. In the blood and urine of all of them the filariæ and ova were observed as described by several investigators. Two of the cases were admitted to the hospital from the beginning of the first attack, and it was not before several days elapsed that they were seen either in the blood or in the urine, although a microscopical examination was made two or three times a day. The filariæ seen in the blood were alive and active, making their way through crowds of blood-corpuscles in the field, while those observed in the urine were frequently lifeless. A few might be seen living in fresh urine for a short time only. In all of them the attacks were intermittent. The relief, however, is not obtained by the use of drugs; quinine, iron, strychnia, sulpho-carbolates, and a pile of tonics and astringents prove of no avail. A few weeks' stay on the hills, as Mahableshwur, Matheran, Khandala, prove of infinite value to the sufferer, apparently restoring him to health, and the chylous condition of the urine disappears, only to recur within a short time after his return to daily scenes of life. Each attack leaves his health undermined more than ever. No one can doubt or deny the existence of filariæ in the blood and urine of the patients subject to the malady, since so many able investigators in the field in different parts of the world have corroborated the fact. But there are several questions which require to be solved before the filariæ are classed in the etiology of the disease. Have they been observed from the commencement of the very first attack, or are they merely co-existent with the other manifestations of the disease? How do they get to the blood of the human subject? The answer given by Dr. Manson to this question does not appear to me to be very plausible. It is very significant that the cases are few and comparatively infrequent in Bombay, where mosquitoes swarm especially during summer months. Do they exist in the lymphatic vessels? How does the chylous fluid get to the urinary organs? Their presence in the blood does not give the remotest explanation of the chylous condition of urine. Does the chyle regurgitate into the renal lymphatics, and there ooze out from the surcharged vessels, or cause leakage of the vessels? A theory was advanced by Dr. V. Carter in 1862, that it may be due to "a leak from the lacteal tract into the urinary." But nothing has been as yet demonstrated as to how and where the leak occurs, and communication with the renal tract is established. Another thing is that the urine is not only mixed with chylous fluid, but with blood. How is such a mixture accounted for? No doubt the investigations so recently begun and ably conducted would afford ample explanation, and add a bright page to the science of pathology in course of time. But as long as these questions, pertinent as they are, are not answered, the etiology of chyluria must remain an unsolved problem.

I am, Sir, yours faithfully,

Fulham Hospital, Fulham, Feb. 18th, 1879. M. D. MAKUNA.

Mr. Chas. W. Price.—The case is obscure, and a post-mortem examination alone could decide the condition present. The symptoms are those of suppression, and not of rupture of the bladder. Had the latter condition been present, we should have expected pain and the usual symptoms of acute peritonitis, which appear to have been absent. At the same time it is not possible to form any opinion of value with regard to the nature of the case. The theory of rupture is in the last degree improbable.

GLIOMA RETINÆ.

To the Editor of THE LANCET.

SIR,—In your issue of Feb. 8th, Mr. Hodges, of Leicester, recounts a case of glioma retinæ, in which, after enucleation, no recurrence had taken place for two years, and remarks upon the extreme rarity of such a favourable result. Although Mr. Hodges is to be congratulated upon the success of his case, I think it by no means so uncommon as he would suppose. It is difficult to keep a strict surveillance over cases for years after operations have been performed; but in my own experience I know of two cases in which, after four and three years respectively, no recurrence had taken place, and on looking through the literature of the subject, both British and foreign, I find a good many others have been recorded.[1] There is little doubt that glioma at its commencement is purely a local disease, and its early extirpation is attended with results which I think are far from being discouraging. In support of this opinion, I may quote a passage from a recent essay upon this subject from the pen of the distinguished Belgian ophthalmologist, Professor Warlomont. He writes thus: "Le nombre des cas restés guéris à la suite de l'opération s'est tellement accru dans les dernières années que, prenant surtout en considération ceux de ces cas qui présentaient déjà des foyers néoplasiques secondaires, nous pouvons espérer à bon droit parvenir à enrayer les tendances malignes de cette affection et voir diminuer à l'avenir la mortalité que présente de ce chef le jeune âge."

I am, Sir, yours &c.,

Newcastle-on-Tyne, Feb. 1879. C. S. JEAFFRESON.

[1] Carter: Med. Times and Gazette, 1863, p. 583; Hirschberg: Arch. für Ophthalm., xiv., 2, p. 34; ibid, p. 47. Manfredi: Ravista Clinic. Mag., 1868, p. 1. Warlomont et Dures: Annales d'Oculistique, 676, p. 5.

FEVER IN SCHOOLS.

AT a recent meeting of the Bristol Board of Guardians, the medical officer reported that fever had broken out at the Stapleton Boys' School. There were six cases of enteric fever, ten other cases of fever not specified, and one case of erysipelas. No satisfactory explanation is as yet given to account for this outbreak; but it was suggested that rats had made their way into the drain, and opened a passage for the escape of foul air.

W. I., (Kendal.)—By consulting our advertising columns our correspondent will obtain the information he desires.

TREATMENT OF CONVULSIONS DURING TEETHING.

To the Editor of THE LANCET.

SIR,—Mr. Parkinson's letter in your journal of Feb. 1st nearly describes the treatment which I have for seven or eight years adopted in every case of convulsions in children from (*l*) or during teething, or where, as in his case, no particular cause could be assigned, and with modifications in many others—a treatment which in every case, not distinctly depending on apnœa, organic brain disease, or kidney mischief, has been followed by invariable success. I have entirely abandoned hot baths, sinapisms, and lancing the gums, unless I have performed that operation solely to please the parents, never failing to tell them I cannot recollect a single instance in which I could attribute to it any share in the result. If called in an interval between the attacks, I give a full dose of chloral; if during the convulsion, I bring the child completely under the influence of chloroform, perhaps repeating the inhalation at intervals for an hour should the symptoms tend to return. In very bad cases I give chloral, and then chloroform until the former has had time to act. Having by either of these means brought the infant into a profound sleep, I lay it on the sofa with the whole head covered with, or rather embedded in ice, the rest of the body well covered, or it may be with a hot-water bottle to the legs, and let it sleep undisturbed, urging the mother to endeavour to compose it again, should it partially arouse, as long as it is possible so to do. Next day I give chloral in smaller doses with bromides every four hours so long as any grinding of the teeth, mental excitement, or other signs of nervous disturbance continue. I find that, as a rule, the child can be made to sleep in ice for from two to six, or I have seen eight hours, according to the severity of the case. Under this system I have never lost a case of reflex or of idiopathic convulsions, and I have successfully followed this plan after scarlatina &c. Of course I do not omit an aperient or emetic where distinctly indicated.

Yours &c.,

Marquess-road, N., Feb. 1879. E. F. WILLOUGHBY, M.B. Lond.

THE ROYAL MEDICAL BENEVOLENT COLLEGE, EPSOM.

WE are asked to call attention to the case of George Ernest Grey Axford, aged fourteen years, youngest son of the late Charles John Axford, M.R.C.S.E., L.S.A., who was in practice seventeen years at St. Leonards-on-Sea, where he died suddenly in November, 1878, leaving a widow and three children totally unprovided for.

THE CLIMATE OF SANDGATE.

To the Editor of THE LANCET.

SIR,—At the present time, when patients suffering from phthisis and other distressing complaints are sent hundreds of miles from their homes in the hope of relief, it is as well that the public should be made aware of the extremely favourable nature of the climate of this little place, which is hill bound, and thus thoroughly protected from N. and E. winds, with a sea front and esplanade of nearly a mile in length. The thermometer at half-past eight P.M. yesterday (the 11th), and some time this morning (the 12th), registered but four degrees of frost! There is no snow, and the air to-day is dry and exhilarating. The camellia lives and thrives in the open grounds of Lord Pelham through each successive winter, likewise the myrtle generally.

It would be most instructive, and therefore well worth knowing, what the registers of thermometers in other places indicated at the same time, as the weather here is considered to be about as cold as yet experienced.

I may add that the register of four degrees of frost I have given has been taken from two perfectly reliable sources to prevent any possibility of mistake.

I enclose my card, and remain, Yours obediently,

Sandgate, Kent, Jan. 12th, 1879. A RESIDENT.

A GRIEVANCE.

To the Editor of THE LANCET.

SIR,—Will you allow me, through the medium of your journal, the impartial representative one of the profession, to call attention to what I consider a grievance, and I am sure that many of your readers will agree with me in my observations. Although this letter is written from the land of *pat-riot-ism*, it does not necessarily imply that the use of the word "grievance" is an Irish one. I now allude to the diploma of the Dublin College of Surgeons. When a candidate has paid twenty guineas to the College, and has succeeded in passing the mysterious scheme of examination devised by that learned body, he is told a few days subsequently that his diploma awaits him in the clerk'soffice. But, mark you, on presenting himself at the door of the scribe's sanctum, he is told by the porter in the most winning way, and with a suave smile, that before surrendering the document to the proper owner, the clerk must receive £1; he, the porter, 10*s.*; and the assistant janitor, 2*s.* 6*d.*

Now, may I ask why the levying of this obnoxious "black mail" is permitted? Surely a College of Surgeons that values its diploma at twenty guineas should be able to pay its own servants.

Yours faithfully,

Feb. 3rd, 1879. A VICTIM.

Mr. W. Robertson.—There are *no* appointments that can be "held on landing." When our correspondent lands, he should inquire at the Colonial Office, Cape Town, for a district surgeoncy, the majority of which are worth £75 a year, which will pay house-rent, and keep a possible rival out of the immediate neighbourhood. All men very naturally "prefer to hold appointments on landing" either at the Cape or elsewhere; but it is necessary to work hard in this as in other colonies, and if our correspondent has friends so much the better. Why not commence by endeavouring to find temporary employment with the army in Natal? and, with that view, inquire at the Colonial Office, but be prepared to start at once. When the war is over, he can commence civil practice as circumstances may determine.

M.D. Montpellier.—We have discussed the subject fully in several recent annotations.

B. D. L.—The author of "Philosophical and Literary Essays" was Dr. James Gregory, F.R.S., who died in 1821.

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—As you have recently very correctly remarked with reference to the Report of the Special Committee on the Army Medical Department that it was not likely the senior members of that service would be satisfied until forage allowance was restored, I trust you will allow me to make a few brief remarks on this subject and the servants allowance.

Apparently faith is again about to be broken with certain seniors of the department, who now are entitled to forage and stable accommodation, or allowance in lieu, under the Royal Warrant of Oct. 23rd, 1873, and this is to be withdrawn, which is tantamount to depriving *most* surgeon-majors of twenty years' service and upwards of 2*s.* 7*d.* a day, and would equally affect the increased rate of pay for the proposed new grade of brigade surgeon; for while this apparently is 3*s.* a day, it would actually only be an increase of 5*d.* per diem!

Horse and servants allowances should be granted under rules similar to those which regulate their issue to officers of the corps of Royal Engineers—viz.: (*a*) To medical officers of relative rank of major and under, forage allowance should be given when their duties require them to be mounted, with allowance for a second servant also, and the usual margin of one month if necessary, during which the allowances could still be drawn after the termination of the duty which necessitated the keep of a horse. (*b*) To medical officers above the relative rank of major, forage for one horse and allowance for *two* servants, in virtue of their rank, as in the Royal Engineers—*vide* paragraph 13 of W.O. circular, cl. 183, of Oct. 30th, 1878, issued with the Army List of November last. (*c*) All servants allowances should be at the rate of 1*s.* 6*d.* a day each, as given in the Royal Engineers.

I am, Sir, your obedient servant,

India, Jan. 1879. A SURGEON-MAJOR.

G. R. P.—Quinine, opium, and ammonia are probably the three most valuable medicines to carry if a small pocket-case only can be taken. Silver's Pocket Doctor (second edition) would show as well as any book what other medicines to get.

Mr. Arthur Wigleworth.—The paper has unfortunately been mislaid, but if discovered, as we hope, shall receive early insertion.

Dr. J. Harris Ross.—So long an interval has elapsed that we cannot recur to the matter.

Mr. Julius Cæsar.—If short, we should be glad to receive the notes proposed.

Student.—Dr. Sydney Ringer's work on Therapeutics.

"AXILLARY BROMIDROSIS."

To the Editor of THE LANCET.

SIR,—I should advise Mr. Bull to try the effects of belladonna locally applied. The best form is glycerine of belladonna, with equal parts of the extract and glycerine. This remedy rarely fails; it is simply rubbed lightly over the part. It may also be used in the shape of a lotion (one drachm of extract to eight ounces of water). It often acts like a charm when the feet are affected. A few months ago I was consulted about a page, who had to wait at table, but was incapacitated from acting in this way owing to the disagreeable odour proceeding from his feet. The application of the glycerine of belladonna, combined with night and morning ablutions with cold water and soap, quite cured him.

I should be glad to know the result of Mr. Bull's use of this remedy.

I am, Sir, yours truly,

Battersea-rise, Feb. 15th, 1879. J. G. BIGGS.

To the Editor of THE LANCET.

SIR,—Would you kindly insert the following in your next issue in reply to Mr. Bull's inquiries as to the treatment of his obstinate case of axillary bromidrosis.

As hyperidrosis is more or less dependent upon nervous influence, I would beg to suggest that he should put his patient under a course of nervine tonics, as quinine, strychnine, or phosphorus, either singly or in combination with iron. Locally, I should trust to frequent ablutions of the axillæ with a *cold* solution of Tidman's sea-salt, to which a little Condy's fluid might be added. The patient should also change his linen as soon as it becomes wet with sweat. Last summer I treated on the above plan several cases of partial hyperidrosis, affecting the feet, accompanied with the usual unpleasant odour, and in each instance the treatment produced marked relief.

I am, Sir, yours obediently,

Grays, Essex, Feb. 17th, 1879. S. J. J. KIRBY, L.R.C.P., &c.

POLICE: MEDICAL AID.

To the Editor of THE LANCET.

SIR,—Your annotation in THE LANCET of the 1st instant leads me to bring under your notice a grievance to which medical men are subjected in the matter of street accidents, as thus: A person (we may take for example) is run over or knocked down, or otherwise injured in the street. The bystanders naturally take the sufferer to the "nearest doctor," who attends to the case, and has to calm the excitement of those who accompany him, often at considerable trouble and some expense in the way of stimulants, cleansing, &c. A police constable, perhaps, brings the patient, or follows at a prudent and respectful distance. If he bring the case, the constable is bound to report the accident to his inspector, and furnish the "doctor" with a certificate of medical attendance, which will entitle him to the munificent payment of 3*s.* 6*d.* (?) if the attendance occur during the day hours, and 7*s.* (?) if it occur after ten o'clock at night. If, however, the constable follow at a "prudent" distance, he may refuse the certificate, because he does not actually himself *bring* the case to the surgeon. He may, nevertheless, get the doctor's opinion as to the nature and prognosis of the accident for his guidance, and may withhold the fair payment to the medical man, who in all probability never sees or hears more of his patient. Personally I am subjected to this grievance. Our surgery happens, unfortunately, to be situated at a very convenient corner for making this use of us, and pretty freely we are made use of; but we never get a certificate except upon more or less repeated application at the police station. I hold this to be a gross injustice. We are compelled to pay police-rates, and then also to give advice gratis to the police force. Surely we are entitled to reciprocity of payment! There is, as you have justly pointed out, a crying want of medical and surgical aid and appliances for the treatment of all such cases of emergency.

I am, Sir, your obedient servant,

Feb. 3rd, 1879. M.R.C.S.

IS THE THERMOMETER A MEANS OF CONVEYING CONTAGION?

To the Editor of THE LANCET.

SIR,—In the great number of cases of contagious diseases where the thermometer is used, how many temperatures are taken, and the thermometer put back into the case unwiped? I have seen this done in cases of small-pox and scarlet fever. Anyone taking the thermometer from the axilla in a case of rheumatic fever will at once smell the sour perspiration upon it. Might not the perspiration in cases of scarlet fever, measles, and other contagious diseases be carried from one patient to another, and be the means of spreading them? If this be so, a patient suffering from febricula might easily be infected by an unwiped thermometer taken from the axilla of one suffering from scarlet fever, when a few seconds spent in rubbing the surface with a moist cloth would remove all danger. Puerperal fever has been known to be carried from one patient to another by a pair of uncleaned forceps. Why not by an uncleaned thermometer? Yours faithfully,

February, 1879. L.R.C.P. Ed.

COMMUNICATIONS not noticed in the current number shall receive attention in our issue of the ensuing week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. FAYT; Mr. Maunder; Dr. O'Neill, Lincoln; Mr. Morgan, London; Dr. Jackson, London; Mr. Treves; Mr. B. Rigden; Dr. J. Williams; Mr. Jonathan Hutchinson; Mr. G. B. Browne; Mr. Cooke; Mr. H. Bloxland, London; Mr. Gorham, Tunbridge; Dr. Dolan, Halifax; Mr. Biggs, Battersea-rise; Dr. Carpenter, Stockwell; Dr. Deane, Blenheim, New Zealand; Mr. Lucas, London; Mr. Aitkens, Stonedene; Mr. Ingpen, London; Mr. Startin, London; Dr. Isaac, Broadmoor; Dr. Gray, Oxford; Mr. Kirby, Grays; Dr. Macewen, Glasgow; Mr. Donovan; Dr. Donnet, Dover; Mr. Rigden, Canterbury; Mr. Austen, London; Dr. Graham, Perth; Mr. Meadows, Hastings; Mr. Crofton, Dublin; Mr. Teevan, London; Mr. Kenney, London; Dr. Porter, Cheltenham; Dr. Weir, Leicester; Dr. Philpot; Dr. Maakew; Dr. Eberle; Mr. Lea; Mr. Harris; Mr. Wellings, Cosham; Dr. Watson, Tottenham; Dr. Brookbouse; Dr. Ross, Brighton; Mr. Horner, Tunbridge; Dr. Prowse; Dr. Peart, North Shields; Mr. Whalley; Mr Gough; Mr. Brown; Dr. Dyster; Mr. Freeman; Mr. Shaw; Dr. Tibbits, Bradford; Mr. Brogden; Mr. Phillips; Mr. Harvey; Mr. Coppin; Mr. Vitall; Mr. Wallace; Dr. Makuna, Fulham; Dr. Hannay, Weobley; Dr. M'Gough; Dr. Cameron, Huddersfield; Dr. Wahltuch, Manchester; Dr. Cuddy, Kensington; Dr. Wear, Newcastle-on-Tyne; Dr. Westwood, Derby; Mr. Ekons; Dr. Sinclair, Dundee; Dr. Watson, Glasgow; Mr. Cæsar; The Registrar-General of Edinburgh; W.; The Secretary of the Seamen's Hospital; Enquirer; Gamma; Student; W. J.; Veritas; An Old Subscriber; M.D.; Sphygmograph; A. K. C.; L. R. C.; An Inquiring M..B; L.R.C.P.L.; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Hine; Mr. Jenkinson; Mr. Swinhoe; Mr. Sheehy, Ebbw Vale; Mr. Woodman; Mr. Townsend; Dr. Wallace, Cardiff; Dr. Warren, Sydney; Mr. Bloom, Whitwell; Mr. Appleton, Beverley; Mr. Bird; Mr. Perry; Mr. Holloway, Minster; Dr. Weekes; Mr. Bartlett; Dr. King; Mr. Agar; Dr. Garrett; Dr. Brady, Derby; R. A., Southampton; A. N.; H. M. T.; The Registrar of the College of Physicians; Rubicon; Semper Paratus; Medicus, Bury St. Edmunds; L.R.C.P., Liverpool; Medicus, Blackburn; Fides; M.D., F.R.C.S.; M.D., Warrington; T. E., London; Alpha, Edinburgh; Medicus, Notting-hill; L.R.C.P.

Tottenham and Edmonton Weekly Herald, Evening Star, Pembroke Gazette, Colne and Nelson Times, Lymington Observer, Scotsman, Bradford Observer, &c., have been received.

Medical Diary for the ensuing Week.

Monday, Feb. 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Parker, "On the Evolution of the Vertebrata."
SOCIETY FOR THE ENCOURAGEMENT OF ARTS, MANUFACTURES, AND COMMERCE.—8 P.M. Cantor Lectures: Dr. W. H. Corfield, "On Dwelling Houses: their Sanitary Construction and Arrangements."
MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. Henry Smith and Mr. Royes Bell, "On Cases illustrating the Division of Internal Condyle of the Femur for Genu Valgum (Ogston's Operation)."—Mr. Jabez Hogg, "On Arsenical Wall-paper Poisoning."

Tuesday, Feb. 25.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Professor E. A. Schäfer, "On Animal Development."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Mr. Christopher Heath, "On the Diagnosis and Treatment of Ruptured Bladder."—Mr. Charles Higgens, "On Operation for Extraction of Cataract."

Wednesday, Feb. 26.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1 P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Parker, "On the Evolution of the Vertebrata."
HUNTERIAN SOCIETY.—8 P.M. Introductory Address by the President, Dr. J. Braxton Hicks.—Mr. F. W. Corner, "On the Hyperdistension of Abscess Cavities by Antiseptic Fluids."

Thursday, Feb. 27.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
ROYAL INSTITUTION.—3 P.M. Professor Tyndall, "On Sound, including its recent Applications and Methods of Reproduction."

Friday, Feb. 28.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Parker, "On the Evolution of the Vertebrata."
QUEKETT MICROSCOPICAL CLUB.—8 P.M. Dr. Matthews, "On a Mode of Displaying Objects by the Microscope, irrespective of their Size (the Micro-megascope)."—Dr. C. T. Hudson, "On the Rotifers by dark-field Illumination, illustrated by Transparencies."
CLINICAL SOCIETY OF LONDON.—8½ P.M. Mr. Bryant, "On a Case of Acute Intestinal Obstruction; Laparotomy; Removal of large impacted Gallstone from the Ileum; Death from Peritonitis."—Mr. Barwell, "On two Cases of Left Lumbar Colotomy."—Mr. B. Hanny, "On a Case of Intestinal Obstruction treated by Gastrotomy."—Mr. Lawson, "On a Case of successful Tracheotomy in the last stage of Diphtheria."—Mr. Pugin Thornton, "On a Case of successful Tracheotomy in the last stage of Diphtheria."—Mr. Heath: "Foreign Body (end of a Silver Catheter) in the Bladder; Median Lithotomy; Recovery."—Mr. Morrant Baker will exhibit a Case in which a large Rodent Ulcer has been removed by Operation.
ROYAL INSTITUTION.—9 P.M. Sir William Thomson, "On the Sorting Demon of Maxwell."

Saturday, March 1.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Reginald W. Macan, "On Leasing."

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